

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ALABAMA  
SOUTHERN DIVISION**

**AUDREY MARIE DOTSON, et al.,** )

**Plaintiff,** )

**v.** )

**Case No.: 2:23-cv-01657-MHH**

**ALABAMA DEPARTMENT OF  
CORRECTIONS, et al.,** )

**Defendants.** )

**PLAINTIFF’S REPLY TO DEFENDANTS ADOC, ADFS, THE BOARD OF  
TRUSTEES OF THE UNIVERSITY OF ALABAMA, AND THE  
UNIVERSITY OF ALABAMA HEALTH SERVICES FOUNDATION, P.C.’S  
OPPOSITION TO PLAINTIFFS’ MOTION FOR EXPEDITED  
DISCOVERY**

COME NOW Plaintiffs Audrey Marie Dotson and Audrey South (collectively, “Plaintiffs”), by and through undersigned counsel, and submit their reply to the Opposition to Plaintiffs’ Motion for Expedited Discovery by ADOC and ADFS Defendants (Doc. 19) and The Board of Trustees of the University of Alabama and The University of Alabama Health Services Foundation, P.C.’s Opposition to Plaintiffs’ Motion for Expedited Discovery (Doc. 20). The

arguments against expedited discovery that Defendants present reveal a lack of understanding regarding the very basic facts at issue in this case, and the severity of the potential misconduct that Defendant(s) engaged in. Plaintiffs brought a Motion for Temporary Restraining Order and Preliminary Injunction (Doc. 2) not only to uncover the whereabouts of Brandon Dotson's heart – a question that the Defendants glaringly were not able to answer during the telephone conference on December 7, 2023 – but also to halt a disturbing practice of removing organs by those trusted to handle bodies during a state-ordered autopsy, without permission from the deceased or their family. In reply to Defendants' opposition to Plaintiff's Motion for Expedited Discovery, Plaintiff states:

### **Statement of the Facts**

Plaintiffs filed their Complaint and Motion for Temporary Restraining Order and Preliminary Injunction on December 7, 2023. Docs. 1 & 2. This Court held a telephone conference call with all parties the same day. During that call, none of the Defendants identified the location of Brandon Dotson's heart; in fact, all claimed that they were not in possession of his heart.

On December 15, Plaintiffs filed a Motion for a Hearing on their Request for Temporary Restraining Order. Doc. 11. Pursuant to the Court's direction on December 18, 2023, the parties conferred and agreed they were available for an evidentiary hearing on January 5, 2023 (the "TRO Hearing"). Plaintiffs proposed

an earlier date to Defendants, before the Christmas holiday, but counsel for certain Defendants indicated they were unavailable until January 2024. Despite Plaintiffs' wish to know the location of their loved one's heart before the Christmas holiday, Plaintiffs conceded to delaying the hearing until January 2024. On December 21, 2023, the Court entered an order setting the TRO hearing for January 5, 2023.

The UAB Defendants filed a Motion for Summary Judgment and a brief in support of the same on December 22, 2023. Docs. 15 & 16. That motion is still pending before the Court.

On December 29, 2023, Plaintiffs filed a Motion for Expedited Discovery, seeking responses from Defendants that Plaintiffs believe will directly contribute to the efficiency of the TRO Hearing. Doc. 17. Plaintiffs indicated within that motion a willingness to confer with the parties regarding timing and scope of the request to take into account the practicability of responding. *Id.*

This Court issued a text order on December 29, 2023, stating, "The defendants shall respond to the plaintiff's request for expedited discovery (Doc. [17]) by 5:00 PM on January 3, 2024." Doc. 18.

On December 29, 2023, the ADOC and ADFS Defendants filed an opposition to the text order compelling expedited discovery. Doc. 19. Separately, the UAB defendants filed their own opposition to the text order. Doc. 20.

### **Argument**

This Court acted appropriately in granting Plaintiffs' Motion for Expedited Discovery. Therefore, the order of the Court for expedited discovery should stand.

Plaintiffs and Defendants agree that a Court is empowered to grant expedited discovery before a TRO hearing based on a general "good cause" or "reasonableness" standard. *Socal Dab Tools, LLC v. Venture Technologies, LLC*, 2022 WL 19977793 at \*1 (M.D. Ala. Apr. 25, 2022) (quoting *Brown v. Dunn*, 2021 WL 4523498, at \*1 (M.D. Ala. Oct. 4, 2021)) (internal quotations omitted)

This means expedited discovery is allowed when the need for it outweighs the prejudice to the responding party. Good cause may be found where there is "some impelling urgency," or "hazard of loss," requiring action to be "taken forthwith." *Theni Guru Krishna Textile Mills P v. World's Glob. Source*, No. 1:16-CV-1482-SCJ, 2021 U.S. Dist. LEXIS 120289, at \*4 (N.D. Ga. Feb. 17, 2021). The court also considers factors such as whether a motion for preliminary injunction is pending, the breadth of the requested discovery, the reasons for requesting expedited discovery and the burden on the opponent to comply with the request for discovery. *Socal*, 2022 WL 19977793 at \*1 (quoting *GTO Access Sys., LLC v. Ghost Controls, LLC*, 2016 WL 4059706, at \*4 (N.D. Fla. June 20, 2016)).

Plaintiffs contend that there are few matters that present more of an "impelling urgency" or "hazard of loss" requiring swift action than in the case of a missing organ. Organs and tissues that are not adequately preserved deteriorate

quickly. If Brandon Dotson's heart has not been illegally destroyed, it is of critical importance to confirm that it is being stored properly. Furthermore, the family has spent nearly fifty (50) agonizing days wondering where the heart of their loved one currently is. Courts in nearly all districts have recognized the heightened sensitivity of proper handling of human remains. This case could not be a clearer example of mishandling remains of a deceased: the evidence available to Plaintiffs indicates that Defendants removed, potentially misplaced and improperly destroyed a human heart, and now are attempting to hide the details of such activity from the family.

***Good Cause Exists to Justify Expedited Discovery.***

Specific to a determination of "good cause" for expedited discovery, in this case, the first standard is indisputably met: there is a pending motion for preliminary injunction. Doc. 2.

The second prong – the breadth of the discovery request – weighs in favor of the Plaintiffs. Plaintiffs requested only sixteen (16) documents and six (6) interrogatories, each of which is necessary to conduct an efficient and expeditious hearing concerning Plaintiffs' TRO Motion, as discussed individually below.

Despite Defendants' claims that certain of Plaintiffs' discovery requests are not necessary to determine the outcome of the TRO Motion, each of these requests is tailored to answer critical questions that have direct bearing on the three forms of relief requested in Plaintiffs' Motion for Temporary Restraining Order. (*Id.*).

To satisfy the fourth and final prong of the “good cause” determination, Plaintiffs deliberately structured their request to ensure that most, if not all, requested documents are already in existence, and therefore will not be overly burdensome to produce on a short timeline.

For each of the items Defendants challenge as being overly broad or irrelevant to the determination of the TRO Motion, Plaintiffs address below why such item is tailored narrowly, necessary, and not unduly burdensome:

**A. Document detailing the chain of custody of Brandon Dotson’s body from the moment he was found unresponsive at Ventress Correctional Facility (“Ventress”) to Abanks Mortuary Service, including all individuals who handled or had access to his body.**

This request is necessary to determine who was in possession of or had access to Brandon Dotson’s body after his death. It is in the interest of all parties, and this Court, to identify expeditiously which individuals encountered Dotson’s body, and therefore could have been responsible for the removal of the heart. This is a document that is or should be already in existence, and does not require any additional work on the part of the Defendants to provide to Plaintiffs.

**B. Document authorizing the autopsy of Brandon Dotson.** This document is necessary to determine whether Defendant Warden

Williams improperly provided signature approval for the entity conducting Dotson's autopsy to take his organs. Plaintiffs are aware through documentation provided by UAB School of Medicine ("UABSOM") students of a practice whereby UAB defendants take organs from incarcerated individuals without approval from family members, citing the Warden signature as sufficient to authorize the removal and retention of the organs. **Exhibits A & B.** This practice violates Alabama law. The practice may violate federal law, depending on whether value is exchanged for such retained organs. This is a document that is or should be already in existence, and does not require any additional work on the part of the Defendants to provide to Plaintiffs.

C. **Death Certificate of Brandon Dotson.** This document, subject to Alabama open records laws, contains information about the circumstances of Dotson's death, and whether an autopsy, toxicology report, and other postmortem examinations were ordered. This is a document that is or should be already in existence, and does not require any additional work on the part of the Defendants to provide to Plaintiffs.

D. **Autopsy report and/or preliminary findings on cause of death for**

**Brandon Dotson (even if such report is unfinished).** This document is likely to detail how and why the heart was removed and taken from Dotson's body. It will also provide information about who had direct access to Dotson's heart. This is a document that is or should be already in existence, and does not require any additional work on the part of the Defendants to provide to Plaintiffs.

E. **Video footage of the area in Ventress where Brandon Dotson was found unresponsive, and the area(s) throughout Ventress, including the infirmary, where his body was transported until he was removed from Ventress.** This camera footage is the most efficient way to determine the condition of Brandon's body when he was found deceased in his prison bed. Plaintiff can use this footage to determine, among other facts, whether Dotson's heart was intact at the time that he was found unresponsive. It will also show which individuals encountered Dotson's body before he was transported outside the prison. at this time it is unclear whether his heart was removed at the prison or after, so this is essential information which will promote the efficiency of the TRO Hearing. This is evidence that is or should be already in existence, and does not require any additional work on the part of the Defendants to provide to Plaintiffs.



**F. Documentation of any life-saving measures taken after Brandon**

**Dotson was found unresponsive at Ventress.** Defendants alleged that this discovery request addresses elements unrelated to the TRO Hearing. That is incorrect. This request is intended to show the condition of Dotson's body prior to its removal from the prison. Given the absolute lack of information that Defendants have shared with Plaintiffs, Plaintiffs have been unable to determine at what point Dotson's heart was removed from his body. Part of the essential investigation for the TRO Hearing is pinpointing exactly who removed the heart and when. This is a document that is or should be already in existence, and does not require any additional work on the part of the Defendants to provide to Plaintiffs

**G. Any investigations conducted by any member of ADOC, including but not limited to the Law Enforcement Services Division, concerning the death or aftermath of the death of Brandon**

**Dotson.** Defendants again alleged that this discovery request only pertains to the wrongful death charges. This is, again, incorrect. This request is meant to reveal whether Dotson's heart was intact when his body was turned over to the entity that conducted his autopsy. At present, it is impossible for Plaintiffs to determine When Dotson's

heart was removed and who was responsible for that removal. Upon information and believe, Plaintiffs also have reason to believe that ADOC ordered an investigation to certain YesCare employees or others, with access to the Ventress infirmary after this lawsuit was filed. For that reason, Plaintiffs have grounds to question whether Dotson's body was properly cared for and handled prior to it being turned over to the entity that conducted the autopsy. This is a document(s) that is or should be already in existence, and does not require any additional work on the part of the Defendants to provide to Plaintiffs

**H. Contract(s) between the ADOC, on the one hand, and the Alabama Department of Forensic Sciences (“ADFS”) or any entity connected with the University of Alabama (the “UAB Defendants”), including but not limited to the Autopsy Division of the UAB Department of Anatomic Pathology, on the other hand, including but not limited to those for autopsy services.** Plaintiffs request these contracts to determine whether ADOC has authorized the entities that conduct autopsies after an in-custody death to remove and/or retain organs. This document will also allow plaintiff to have a better understanding of the relationship between the Defendants, for

the purpose of both establishing culpability and also for determining whether certain Defendants should be removed or added from the Complaint. By granting plaintiffs access to this document, the Court will contribute to the efficiency of both the TRO Hearing and the overall lawsuit by allowing plaintiff to properly identify the relevant parties that heretofore have been shrouded in secrecy by the Defendants. This is a document that is or should be already in existence, and does not require any additional work on the part of the Defendants to provide to Plaintiffs.

- I. **Contract(s) between the ADFS, on the one hand, and any entity connected with the University of Alabama (the “UAB Defendants”), including but not limited to the Autopsy Division of the UAB Department of Anatomic Pathology, on the other hand, including but not limited to those for autopsy services.** This document(s) is requested so that Plaintiffs may be able to determine whether the UAB Defendants receive organs or tissues from the AFDS. Plaintiffs are attaching extensive documentation of the practice of UAB defendants of removing organs from the bodies of individuals, who died in prison custody, and then using those organs as specimens for medical school student labs. **See Exhibits B, C & D.**

Plaintiffs came into possession of these documents showing that Defendants improperly relied on the Warden signature to remove and keep organs from individuals who died within ADOC custody. It is necessary for Plaintiffs to determine whether such practice was at play in the removal and retention of Dotson's heart. To be clear, even if one of the Defendants is able to identify the location of Dotson's heart and return it to his family, as requested in plaintiff motion for a TRO, it is still necessary for Plaintiffs to determine why the heart was removed and for what purpose. Given the past behavior of UAB Defendants, it is reasonable for plaintiff to believe that Dotson's heart was removed for an improper purpose – namely, to be sent to UAB for the purpose of providing UABSOM students with a laboratory specimen to experiment on or study. This is a document that is or should be already in existence, and does not require any additional work on the part of the Defendants to provide to Plaintiffs.

**J. ADFS internal policies and procedures concerning the removal and retention of organs from a body during an autopsy.** This document will allow Plaintiffs to determine under what circumstances Defendants believe an organ may be removed from the body of a deceased person undergoing an autopsy. This document is necessary

for Plaintiffs to have a clear view of whether these practices violate state, or potentially federal, law. This is a document that is or should be already in existence, and does not require any additional work on the part of the Defendants to provide to Plaintiffs

**K. ADFS form used for authorization of autopsy of person NOT in prison custody at time of death, and ADFS form used for authorization of autopsy of person in prison custody at time of death.** Based on documentation that Plaintiffs have concerning UAB Defendants' disparate practices concerning autopsies for those who are incarcerated at their time of death, and for those that are not, it is reasonable for Plaintiffs to seek more information about whether there is a difference in policy concerning the removal and retention of organs. This is a document that is or should be already in existence, and does not require any additional work on the part of the Defendants to provide to Plaintiffs

**L. UAB Defendants internal policies and procedures concerning the removal and retention of organs from a body during an autopsy.** Since the filing of this Complaint, Plaintiffs have learned of an incident detailed in the Declaration of Charlene Drake, attached as **Exhibit E**. This declaration provides additional support to show that

Defendant(s) to be determined through discovery are engaged in a pattern of improperly and likely illegally taking organs from incarcerated individuals during the course of conducting an autopsy. The requested procedures will allow Plaintiffs to determine whether UAB Defendants were the intended recipient of improperly removed organs.

**M. UAB Defendants form used for authorization of autopsy of person NOT in prison custody at time of death; UAB Defendants form used for authorization of autopsy of person in prison custody at time of death.** Same as above.

**N. A list of all organs that have been removed and retained from the body of a person who died while an inmate within the ADOC, by any of the Defendants, from 2013 to present, including but not limited to the assigned number that connects a collected specimen to an individual/cadaver file.** As detailed above, since the filing of the Complaint, Plaintiffs have learned of an incident detailed in the Declaration of Charlene Drake, attached as **Exhibit E**. This declaration provides additional support to show that Defendant(s) to be determined through discovery are engaged in a pattern of improperly and likely illegally taking organs from incarcerated

individuals during the course of conducting an autopsy. This document is critical to fulfill the third measure sought in the motion for TRO: freezing the practice of improperly and potentially illegally retaining organs from autopsies without providing notice or seeking consent from the family members of the deceased. Plaintiffs have documentation from prior students at UABSOM showing that the specimens that the students encounter in the lab that originated from incarcerated people typically are documented and connected with the deceased body from which the specimen was taken. *See Exhibit B.* Specifically, such documentation indicates that certain organs or specimens have been a part of the lab for such a long time that they have become disconnected from chain of custody records. This statement directly implies that most organs or specimens do have documentation indicating from which body they were removed. In order to determine whether such organs were removed in accordance with Alabama and federal law, it is necessary to have the identity of the deceased person from whom the specimen was obtained, so that it can be discerned whether that person consented to being an organ donor, or whether their family consented to donating the organs for medical research. As **Exhibit B** shows, this is a document that is or

should be already in existence, and does not require any additional work on the part of the Defendants to provide to Plaintiffs.

**O. Documents produced in preparation for, during or after the meeting held between the ethics committee and UAB Medical School students in September 2018, during which students detailed their concerns about the disproportionate number of lab specimens that came from individuals who were incarcerated at their time of death.** This request is made to identify which individuals associated with the UAB Defendants were aware of the improper, and potentially illegal, conduct of removing and retaining organs of autopsied individuals against the wishes of the deceased or their family. Such documents will also provide insight into the practice that UAB Defendants are or were engaged in concerning organ/tissue removal and retention. These are documents that are or should be already in existence, and do not require any additional work on the part of the Defendants to provide to Plaintiffs.

**P. Document (s) written by UAB Pathology regarding misdiagnosis rates at UAB Hospital versus the ADOC, including organs from incarcerated individuals.** Plaintiff seek this document because, as indicated in **Exhibit B**, UAB Defendants engaged in a practice of



retaining organs improperly, and then used those retained specimens to conduct research concerning the inadequacy of medical care, provided in prisons, and potentially benefited financially, and otherwise, from such research, stemming from that improper organ retention.

For each of the interrogatories, Plaintiffs detail below the reasons why the request should be enforced by the Court:

**A. Please list the attendees at the meeting that the UAB Medical**

**School students held with the UAB ethics committee in September**

**2018.** This interrogatory is necessary to determine which individuals

were put on alert that UAB's conduct concerning retention of

incarcerated peoples organs was improper and was not done in

accordance with the practice of obtaining consent from the deceased

individual, via their pre-mortem decision to be an organ donor, or their

family. Having this information will allow Plaintiffs to more

appropriately tailor both the scope of the hearing and the relief

requested. UAB Defendants have been put on alert that Plaintiffs

intend to subpoena a number of individuals connected with their

institution. Plaintiffs want to be as tailored as possible in who is an

essential party to provide testimony. It is for the efficiency of the TRO

hearing that Plaintiffs seek this information.

- 1. Please state whether ADOC was informed of the meeting that the UAB Medical School students held with the UAB ethics committee in September 2018.** Such information promotes the efficiency of the Court, and the hearing process, as it will allow Plaintiffs to determine culpability concerning which defendants or should have known that Dotson's body was potentially going to be subjected to improper organ removal during his autopsy.
- 2. Please state whether there has been a change in policies or procedures concerning the handling of a deceased person's organs or tissues during the course of an autopsy by any Defendants since July 2018.** This request for documents that are already in existence relates to whether Defendants changed their behavior regarding retention of organs after the passage of a law in 2021 that prevented organs or tissues from being removed and retained during an autopsy without the express consent of the family, or at least without providing notice to the family. In this case, Plaintiffs were not alerted to the fact that Dotson's heart had been removed and retained. In order for Plaintiffs to properly determine what happened to Dotson's heart and at whose direction, Plaintiffs seek the document to better understand

common practice, and more specifically, whether defendants adjusted their behavior in response to a change in law.

3. **Please state which ADOC officers and YesCare employees encountered Brandon Dotson on the day of his death, both before and after he was discovered unresponsive on or around November 16, 2023.** Unless and until Defendants provide more information to Plaintiffs concerning whether Dotson's heart was removed before or after he was transported outside of the prison, it is reasonable for Plaintiffs to conduct an investigation into any individual who may have encountered Dotson's body after his death. At this stage, Plaintiffs are not asking for this information to allege misconduct outside of the removal of the heart. This is information that is or should be already in existence, and therefore does not unduly burden Defendants to provide it.
4. **Please detail the policies and procedures used to determine whether an organ or tissue can be removed from the body of a person who dies in ADOC custody.** This question concerns the actions that Defendants may or may not have authorized.
5. Please state whether ADOC wardens believe they can authorize organ/tissue removal and retention for any purpose when an individual

dies within their custody. If so, please explain the circumstances under which such an authorization is permitted. Please explain whether there are any limitations to such authority. This information will allow Plaintiffs to better understand why such unethical and potentially illegal practices are happening so frequently, and whether Defendants are aware of – and to what extent – their agents’ activities.

***UAB Defendants’ Motion for Summary Judgment is Unlikely to Be Successful.***

While the Court may consider whether a motion for summary judgment is pending when it decides whether to grant expedited discovery, Plaintiffs note that the UAB Defendant’s Motion for Summary Judgment is improper for a number of reasons. First, and quite notably, in their Motion for Summary Judgment, UAB Defendants fail to even acknowledge a critical portion of the Complaint which directly implicates them in potentially illegal activity: UAB History of Using Specimens from Incarcerated People (Doc. 1, ¶¶ 63-72). This section of the Complaint details activity by UAB Defendants that implicates them in a scheme of taking and keeping organs from incarcerated individuals specifically without permission from next of kin. Plaintiffs have shown herein and will show, when they have an opportunity to fully respond to UAB Defendants’ Motion that this scheme is a critical fact that, as Plaintiff clearly alleges in the Complaint, indicates that there are reasonable grounds to consider UAB Defendants as a potential

intended recipient of Dotson's heart, for academic and research purposes. (Doc. 12, ¶ 72). The UAB Defendants' failure to address this information means that there clearly are still issues in dispute.

Plaintiffs further contend that a public university acting as an independent contractor for the State may not be granted government immunity under certain conditions, which will be argued more fully in their forthcoming reply.

UAB Defendants further seem to suggest that Plaintiffs have made claims not supported by a reasonable inquiry into the facts alleged. Plaintiff specifically notes "UAHSF shares responsibility with ADFS in conducting autopsies when a person dies in ADOC custody." (Doc. 1, ¶ 20).

\* \* \*

For the foregoing reasons, Defendants' opposition to expedited discovery is due to be denied.

Submitted this 3rd day of January, 2024.

/s/ Lauren Faraino

Lauren Faraino

Attorney for Plaintiffs

**OF COUNSEL:**

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**CERTIFICATE OF SERVICE**

I, Lauren Faraino, do hereby Certify that a true and correct copy of the foregoing has been furnished by CM/ECF on this 3rd day of January 2024, to all Defendants.

*/s/ Lauren Faraino*

Lauren Faraino

Attorney for Plaintiffs

**EXHIBIT A**





# **UAB Division of Autopsy: Ethical Considerations on Organ Use from Incarcerated Individuals**

# Introduction



- I. Violation of Justice
- II. Rights of Prisoners
- III. Rights of the Deceased
- IV. UAB's Obligation
- V. Future Organ Use
- VI. Our Proposal

# Violation of Justice in Research and Education



- All research has risks and benefits
- The principles of justice and beneficence dictate that these benefits and risks must be distributed equally.
- What are the potential risks incarcerated patients and their families experience by participating (non-consensually) in the Division of Autopsy's research and education?
- **What are the potential benefits? Can patients of this class actually access these benefits?**

# An Asymmetric Distribution of Study



- Prisoners have a long standing categorization as protected class (e.g. Fry, 1986; Fuller & Eves, 2017)
- Not every autopsy has retained tissue. Often, per their own admission, they retain tissue from incarcerated persons' remains because of the florid pathology present, which is useful for education.
- Fry (1986) notes: "Prison practices that single out inmates for dissection merely because they happen to die in prison lack the requisite rationality required by the equal protection clause."
- In summary, being disproportionately studied because of your status as a prisoner violates legal statutes and norms.

# General Benefits in General Population

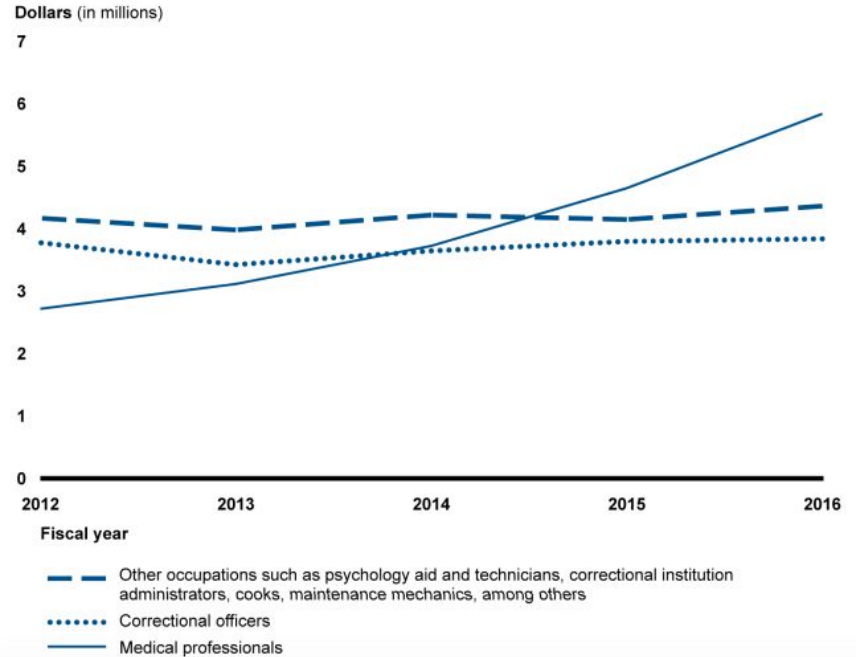


- Biomedical research generally, and pathological determination of cause of death specifically, provide socially actionable information for disease prevention.
- Tsujimura-Ito (2014) note in the following examples
  - “... a rare brain sample that was exposed to sarin...has been used in the development of new examination techniques...enhancing ability to identify the cause of death.
  - “...an autopsy report on pseudo-Bartter’s syndrome in a woman who ingested seven diet pills daily for a week encouraged the Ministry of Health to issue a warning on the risks involved in taking these pills...information obtained from such samples is very beneficial for the public.
  - “Therefore, the authors believe that human samples should be considered as shared human assets to be used **for the benefit of all.**” (emphasis ours)

# Education Benefits the General Population

- However, the benefits of this research are not distributed equally to incarcerated individuals.
  - “These reviews found that, as a result of these challenges, BOP [Federal Bureau of Prisons] had agency-wide staffing shortages...For example, as of June 2017, **only 82 percent of BOP’s authorized medical positions were filled.**” (GAO-18-147)
  - Because of **physician shortage**, the Supreme Court recently mandated release of 37,000 incarcerated individuals (Supreme Court Ruling 563. (2011). U.S. No. 09-1233.)

**Figure 4: Bureau of Prisons’ (BOP) Retention Incentive Expenditures by Groups of Occupations, Fiscal Years 2012 through 2016**



Source: GAO analysis of BOP retention incentive data. | GAO-18-147

# General Benefits in Incarcerated Populations



- Our (data-driven) position is as follows:
  - The benefits of research and education will not be distributed to this class in the absence of explicit commitment to advocacy and outreach.
- Prison care is not comparable to general population care, and as such, they do not access these benefits
- Van Assche (2015) note, “A first criticism challenges the public good status attributed to biomedical knowledge on the grounds **that disadvantaged groups have no (or limited) access to healthcare...**access to the results of biomedical research also depends on...one's financial situation (health insurance), the availability of **preventative healthcare...**” (emphasis mine)

# Diminished Access Means Diminished Benefits



- The incarcerated population have inconsistent healthcare access constrained by, among other factors:
  - \$12-\$100 copays, while making sometimes as little \$0.12/hour (reviewed by Andrews et al. *Penn Wharton Public Policy Initiative*, 2017)
- Such that, per Wilper et al (2009)
  - Between 15% and 69% of incarcerated persons have a persistent medical problem not examined by medical personnel
  - Between 21% and 36% are not receiving prescriptions for current medical needs
- Are these the patients that access the benefits of medical education and medical research?



# Precedent for Targeted Benefit

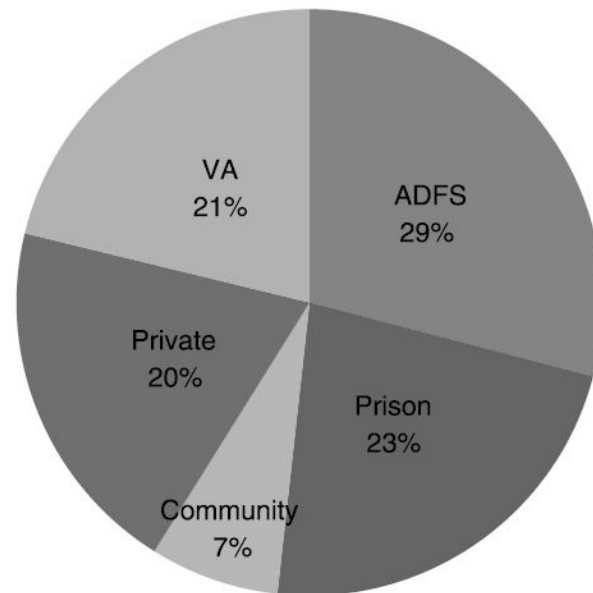


- Others who publish on prison autopsy explicitly identify targeted benefits as a requirement for research.
  - Wu et al, 2018, in a case report on custodial death: “We aim to provide a reference to the medical and forensic community and remind the local law enforcement agencies on the problems present within the correctional healthcare system...we also aim to increase the current knowledge and understanding on custodial deaths caused by natural diseases.”
- Materially less invasive procedures (data extracted from EMR) currently also use this standard.
  - Anaheim et al (2018) note that “all data that are collected and recorded in medical files should benefit prisoners, and should not be used for any other purposes than improving their health.”

# UAB Dep't of Autopsy Position on Targeted Benefits

*Am J Forensic Med Pathol* • Volume 38, Number 3, September 2017

- Explicitly noted that they do not view advocacy as being any part of their mission, whether in discharging clinical duties or in research.
- Further, they document explicitly, through their own publications, that the practice of autopsy is viewed solely through the lens of budgetary benefit
  - 23% of their yearly income comes from Dept. of Corrections autopsies
  - 29% comes from Alabama Dept of Forensic Science- Atherton 2017



**FIGURE 2.** Proportion of income generated from each contract (2006–2015).

# Targeted Benefits Left Unaddressed



- Autopsy, molecular or otherwise, provides the opportunity to disclose medically actionable findings to the family, which could prove helpful in their healthcare.
- Walker et al. 2014. “Any impetus to disclose incidental medically actionable findings was both muted by the fact that the subject would be deceased and also heightened by the fact that the family would be known to the researchers.”
- UAB does not as a matter of routine perform molecular /genetic autopsy, but if they were willing in theory to establish this practice, it would only further complicate the ethics of tissue retention, because the interested parties (i.e. family members’ with risk of inherited disease) have never consented to that form of autopsy (or any other), and may or may not wish to access this particular benefit.
- For example, disclosing a Huntington’s diagnosis would implicitly indicate a 50% chance of all offspring having Huntington’s in the future (autosomal dominant inheritance; under assumption of single mutated copy).

# Relevant Prior Case from General Population



Does it matter why tissue is retained?

Nelkin (1998) describe the case of Los Alamos National Laboratory employee whose tissues were retained without consent, following a fully consented autopsy: Doris discovered from laboratory records that scientists had removed four kilograms of organs, bones and tissue from her husband's body without her knowledge or consent." She and her daughter, Katie Kelley Mareau, sought damages for suffering and for violation of their civil rights." They believed that Cecil's tissue was taken not only to learn more about the effects of radiation, but also to develop information that the laboratory could use to defend itself in potential litigation."

# Rights of the Deceased



- The deceased (or their family) should have a right to decide what happens to their body after death.
  - Prison wardens should not be allowed to make this decision.
  - In the Journal of Medical Ethics publication “Bodily Rights and Human Rights”, Bjoorkman (2006) describes one of the principle rights of any peoples as **“a right to determine how parts of his body, such as his kidneys, are to be used during his lifetime if he chooses to forego their use or, being dead, no longer has use for them.”**
- Lynch (2002) on consent to retain tissue in general population:
  - **“..if one accepts the autopsy as a medical procedure (can such a proposition be denied?) and that families of certain cultural persuasions or perhaps of any background) might attach specific significance to the retention of tissue at autopsy, then perhaps the provision of quite specific and detailed information is necessary in order to ensure a consent for autopsy is truly informed and, thus, valid.”**

# Rights of the Deceased - Consent to Post-Mortem Tissue Retention-Incarcerated Population

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- Have incarcerated persons waived their right to participate in post-mortem research and education?
- If they had, this research would be considered part of their punishment, but it is not:
- Fry (1986) on insufficient justification to study post-mortem tissue:
  - “While the **purpose of penal sanctions is to punish**, the obvious **purpose of allowing non-consented experimentation on the remains of prisoners is to increase the availability of material for experimentation**. In the same sense that a disaster affecting the food supply would not justify starving prisoners, or a kidney shortage would not justify requiring prisoners to forfeit their kidneys, a shortage of tissue for experimentation does not justify the removal of body organs without prisoners' consent.”
- Research and education follow the same constraints: the need for tissue cannot drive the **presumed** consent, for the reasons specified above

# Establishing Rights of the Deceased

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- Ethical precedent for retainment of human organs/tissue established in UK with **Human Tissue Authority** (est. 2004)
  - Response to academic and medical culture of removing and retaining human tissues without consent.
  - Considered unlawful to remove, store, or use human tissue...without appropriate consent.
  - After the Post-mortem examination,  
  
**“If tissue samples and organs have been retained, then you should expect to be given a choice about what happens to them when they are no longer needed by the Coroner or the hospital.”**
  - Regarding anatomical and surgical skills training:  
  
**“People must decide, and provide written and witnessed consent before they die, if they would like to donate their bodies to medical science.”**

# Establishing Rights of the Deceased

- In order to truly maintain the rights of the deceased, systems for organ donation have to be arranged in a way that will preserve autonomous choice.
  - Bjorkman et al., 2006, states that “If there is a significant risk that a certain practice in dealing with a biological material will result in exploitation of human beings, then that practice should either be disallowed or modified so that the exploitation is brought to an end.
  - According to this principle, **systems for organ donation have to be arranged so that they leave potential donors with a real, autonomous choice.** (Bjorkman et al, 2006)

## Part 2: Retention and future use of tissue samples

As part of a full or limited post-mortem examination tissue samples and small amounts of bodily fluids may be taken and used to determine the diagnosis and extent of the disease. Bodily fluids will usually be disposed of following a diagnosis. However, the tissue samples removed during a post-mortem examination can be stored for use in the future. The storage of the tissue samples and their later use require your consent. These samples can be valuable for the education and training of healthcare professionals, research and other purposes. Please indicate whether you consent to this:

- I consent to the tissue samples being stored for future use, and
- I consent to the tissue samples being used for the purpose of evaluating the efficacy of any drug or treatment administered to the deceased, or for review on behalf of the family if a need arises
- I consent to tissue samples being used for education and training relating to human health, quality assurance, public health monitoring or clinical audit
- I consent to the tissue samples being used for research that has been approved by an appropriate ethics committee

If you decide tissue samples should not be kept after the post-mortem examination, further diagnosis will not be possible and the tissue samples will be disposed of.

**[See guidance note 3]**

Signed by.....Name.....

## Part 3: Retention of organs for more detailed examination



# UAB's Obligations



- UAB should be obligated to its patients, not the Department of Corrections.
  - “Our Mission: To improve the **health and well-being of society, particularly the citizens of Alabama**, by providing innovative health services of exceptional value that are patient- and family-centered, a superior environment for the education of health professionals, and support for research that advances medical science.”
  - <https://www.uabmedicine.org/about>
- Prisoners are citizens of Alabama
  - “In cases involving prisoners, the courts presume that **the prisoner remains a citizen of the state where he was domiciled before his incarceration**, even if he is subsequently incarcerated in a different state.”
  - *Hall v. Curran*, No. 09-1354 (March 24, 2010, 1st Circuit US Court of Appeals)

# UAB's Obligations, continued

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- UAB should use its unique position to publish research that highlights the need for better healthcare in prisons:
  - **The University of Texas Medical Branch, 2005**
    - “Our data illustrate that the epidemiology of cancer in prison differs from that of cancers in the general U.S. population and that, overall, these cancers are associated with a high mortality...With the incarcerated population in the U.S. at its greatest numbers ever and the lengths of prison stay increasing significantly, the problems of prison oncology are unlikely to diminish in the near future. **Careful consideration may be given to the design of prison oncology programs to improve the detection and treatment of cancer and associated supportive care.**”

# UAB's Obligations, continued



- UAB should use its unique position to publish research that highlights the need for better healthcare in prisons:
  - **Emory University, 2015**
    - “Our findings help justify screening for later sequelae of injection drug use, such as hepatitis C, among correctional populations and **emphasize interventions to promote liver health**, such as alcohol treatment and **access to medications that can cure viral hepatitis.**”
    - “Our study suggests that because current and former prisoners live long enough to experience sequelae of liver disease, **they need better long-term treatments.**”

Spaulding, et. al. “A Comparison of Liver Disease Mortality With HIV and Overdose Mortality Among Georgia Prisoners and Releasees: A 2-Decade Cohort Study of Prisoners Incarcerated in 1991.” *American Journal of Public Health*, vol. 105, no. 5, May 2015, pp. e51–57.

# UAB's Obligations, continued

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- UAB should use its unique position to publish research that highlights the need for better healthcare in prisons:
  - **The University of Texas Medical Branch, 2011**
    - “Environmental conditions such as crowded quarters (i.e. prisons, assisted living, etc), poverty, and limited access to healthcare, also appear to hinder prompt diagnosis and treatment, and to facilitate development of severe and often fatal disease.”
    - “The majority of the cases reviewed involved decedents that were in the care of the TDCJ [Texas Department of Correctional Justice] system at the time of death, confirming the subpopulation of **incarcerated individuals as one of the most at-risk groups for tuberculosis.**”

# Obligations of the Medical Profession

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- Allen et al, 2010
  - “Prisons and jails cannot be sustained ethically or constitutionally without the support of the medical profession. In lending the good reputation of the medical profession to the work of correctional institutions in a culture of mass incarceration, physicians have placed at risk the ethical foundation of the profession itself. **To prevent this, all physicians – not just those working in prisons – must exercise their moral authority to insist upon substantial reforms relating to clinical care within the institutions.**”
- The medical profession is complicit in the U.S.’s system of mass incarceration, as prisons could not operate without medical providers. If the medical profession is to separate itself from this system, all physicians should use their position to advocate for the health and well-being of prisoners.

# Future Organ Use & Organ Return



- Any organs obtained with consent given only by a **warden/entity of the state** will be removed from the education collection.
  - Regardless of the legal status, UAB should set a higher internal standard that organs are not retained unless given with informed consent from the patient or their families
  - Until a process is created to obtain informed consent from incarcerated people or their true next of kin, their organs will not be used for educational or research purposes.
  - Private Hospital Autopsy specimens given with consent will be used for medical education.
- Dignified treatment and separate disposal are the minimum considerations for organ return and disposal
  - The NHS Human Tissue Act sets these regulations: **“1. For existing holdings that are identifiable and about which relatives are in contact, no holdings in this category should be disposed of. They should be stored until relatives feel able to make their wishes clear. 2. For existing holdings which are identifiable but are unclaimed: where contact has not been made with relatives, it is reasonable for establishments to consider whether to dispose of identifiable but unclaimed tissue.”**

# Future Organ Use & Informed Consent



- The forms used within prisons should represent informed consent, including all possibilities for the use of retained organs
  - Because of the involuntary nature of their confinement, prisoners are more vulnerable to coercion regarding their consent to participate in research, thus it is important to make the process as voluntary as possible.
  - For example, prisoners and their family should be consented by a third party such as UAB, and not by prison employees.

Language should be included to minimize potential coercion and offer the right to withdraw without penalty. Examples from the **University of Virginia IRB recommendations**:

- **“Your information will not be shared with the parole board or the prison staff. Your participation will be kept private and will not affect your parole review”**
- **“If you decide to withdraw from the study, this information will not be shared with the parole board or with prison staff”**

# Our Proposal



- **Current organs:**
  - Organs obtained without consent from the patient or their family should be returned to family members.
    - If not possible, they should be cremated and interred properly.
  - If organs are disconnected from their records (and thus not possible to prove they were obtained with consent), they should be considered obtained without consent.
- **Future organ use:**
  - Regardless of the legal status, UAB should set a higher internal standard that organs are not retained unless given with informed consent from the patient or their families.
  - The forms used within prisons should represent informed consent, including all possibilities for the use of retained organs.



# Our Proposal, continued



- **Education:**

- Medical students and residents should be educated about the quality of healthcare in Alabama prisons and prisoners' lack of access to care.
- Medical students should receive a lecture before attending pathology lab in which they learn about their process for obtaining organs and any reasons for disproportionate representation by any group of people.
- This ethical concern should be a topic of discussion in a small group setting (ex: LC meeting, PDS, etc.) for medical students' reflection on bodily autonomy, informed consent, etc.
- Pathology residents should be taught how to discuss the use of organs from incarcerated people.

- **Research:**

- UAB should not use data from organs obtained without informed consent in future research studies.
- Publications from UAB's autopsy lab should accurately reflect differences in disease processes between incarcerated and non-incarcerated individuals, using this data to ensure that the benefits of research are evenly distributed among all people, regardless of their incarceration status.

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**EXHIBIT B**

### Attendance

Maggie Williams	Poojitha	Grace Kennedy	Kat Baldwin
Alana Jones	Balakrishnan	Emma Thompson	Gill Garver
Rob Rosencrans	Sylvie Sontheimer	Michael Matthews	

### Summary of meeting with Dr. Reilly and Litovsky

- Consent process involving specimens in the lab DOES NOT involve the patients or their families. The prison warden provides consent and always signs for “no restrictions” on what specimens can be used for, which includes their use for research and teaching purposes.
- The pathology lab has a private contract to perform autopsies for the DOC, then uses these specimens for both research *and* teaching, but is in no way advocating for a change in health care access or quality received from the DOC.
- A disproportionate amount of pathology lab specimens used for teaching purposes are from incarcerated individuals because they have the most advanced pathology. Additionally, there have already been abstracts written by UAB Path regarding misdiagnosis rates at UAB Hospital versus the DOC including organs from incarcerated individuals. Per path lab, IRB is not required for post-mortem tissue.
- Meeting felt informative but, at some point, it felt like we “hit a brick wall.” It did not seem that people from the path lab thought anything happening was unethical. It seemed like they thought *students* were concerned that pathology practices were illegal, and wanted to emphasize that their practices are legal. Additionally, their biggest concern seemed to be that their residents may have been rude in how they talked about incarcerated individuals to medical students, rather than being concerned about the use of organs obtained without consent.
- Per path lab, some organs have been in use for so long they are no longer associated with a record. I.e. number connecting them to patient file has been lost.

### Summary of major issues

Absence of informed consent  
Organs without records  
Research ethics  
Legal status  
Education

### Goals for change

- In research ethics
  - Dr. Nakano input would be needed
  - Is it unethical?
  - Prisoners are protected class
  - Understand goal of research
    - What is the differential rate of missed diagnoses?
  - How are they explaining and contextualizing differences?
  - How does this goal (of publication) mesh with their stated lack of interest in advocacy?

- They benefit from publishing but aren't interested in advocacy
  - They are very unclear on the algorithm which sends patients to UAB path?
- In absence of informed consent
  - Current organs
    - Largely agree they should returned or incinerated and buried, incorporated into donor ceremony at garden for anatomical donor program
    - Need to hear from bioethicist on what the differences are between organs and whole cadavers
    - If organs are unlabeled, no way to verify consent, these ethically fall under the same constraints as organs known to be retained without consent
  - Future organs
    - Minimum is that autopsy report should reflect that tissue was retained, even if nothing else changes
    - Higher internal standard-need to communicate to family with truly informed consent PRIOR to retaining specimens
    - Default should be to assume not to retain specimen, without informed consent
    - Prison intake forms exhibit informed consent for autopsy and research
- In legal status
  - Dr. Hoesley and Harada well poised to address
- In education:
  - Need to get residents to communicate the lack of agency in care and disease state (i.e. patients did not do this to themselves, avoid blaming)
  - Fellow students don't see ethics of organ snatching as problematic, need to work on sensitizing students, add topic to LC meeting, lecture in PDS
  - Need better intro to pathology program, the donor organs, etc
  - Need better coverage of prison disparity, esp if organs are to remain in the lab
  - Improve resident training for covering these topics
  - Education is secondary to other topics?

#### Moving forward

Meet with Dr. Nakano, then with Dr. Harada, before end of the semester

Find abstract from the research they have done

**EXHIBIT C**



November 26, 2018  
Meeting with Administration

### Internal Agenda

- **Thank administration for coordinating a lunch so we can discuss this issue further**
- **Update from meeting with ethics committee**
  - Meeting was unproductive
    - Medical students were told we would only introduce the issue; we were not prepared to defend our position.
      - There was an evident power dynamic between 2 medical students and 12 MDs, PhDs, and lawyers.
    - No ethics committee member presented outside research; only information from medical students and educators was presented, prompting concern that due diligence was not given to the issue.
    - Data from autopsy department was provided by members of the autopsy department and was not double-checked by the ethics committee.
    - Students were accused of being “inflammatory” and comparing our educators to “criminals.”
    - An educator made an openly racist remark that went unrebuked.
- **Our concerns are unresolved**
  - Considerations for SOM administration
    - Release ethics decision to all students, allowing them to make an informed decision about attending sessions at the autopsy lab
      - Autopsy lab stated they are no longer including incarceration status in patient vignettes because of students’ ethical concerns
      - Students unable to make an informed decision otherwise
    - Ensure all educators uphold UABSOM’s commitment to “creating an inclusive environment that values differing perspectives and experiences” (UABSOM Mission Statement).
  - Where do we go from here?
    - Students feel we have exhausted our options
      - Are there options administration can pursue within the institution?
      - Should we consider routes outside the institution?

**EXHIBIT D**

September 20, 2018

## Report of Ethics Oversight Committee Meeting

Committee members present: James Hunter, Wendy Walters, Mariko Nakano, Kevin Riggs, Jason Baldwin, Christopher D. Shank, Madison Redwine, Charles Kinnaird, Marlina Barginere

Other attendants: Stephanie Reilly (Autopsy Program), Silvio Litovsky (Pathology), Cynthia Ransburg-Brown (HSF legal counsel), two medical students representing a group of 13

A consult was requested by Drs. Mariko Nakano and Caroline Harada from Dept. of Medical Education regarding student concerns about the use of anatomic path specimens, obtained from incarcerated individuals through autopsy, in their medical education. It was explained by Nakano that, as this topic pertains not only to medical education but also to the UAB hospital policy on the process of consent for retention and use of obtained tissue samples, the Department of Medical Education would like to seek guidance about the legal and the ethical status of this tissue procurement process and the teaching use of these specimens.

Copies of the student letter and Dr. Stephanie Reilly's response letter (both attached to this summary) were shared and

discussed by the committee members present. Student representatives gave a brief overview, and Drs. Reilly and Litovsky discussed their responses, providing detailed information and clarifications.

Some key clarifications given by Drs. Reilly and Litovsky included:

- 1) Autopsy is, whether on prisoners or on non-prisoners, done not for the purpose of obtaining tissues or to profit from its service fee, but to identify the precise cause of death. Autopsy will benefit the deceased individuals' families, wards, and prisoners alike by clearing up the suspicions about the cause of death. As such, autopsy is done out of respect for the deceased and the families, not out of lack thereof.
- 2) Autopsy on individuals who died in prison is, natural death or not, mandated by state laws. By state laws, wardens are to authorize the autopsy.
- 3) Organs removed from a cadaver's body during autopsy are then used for the secondary purposes of teaching future physicians and thereby benefits future patients. If such uses are disallowed, these specimens would only be disposed of, serving no useful purpose.
- 4) It is true that in private autopsy the next of kin (usually family members) has the option to opt out of the retention and teaching uses of a deceased person's organs following autopsy. However, it is extremely rare for them to do so. Of

over 3,000 cases of gross autopsy performed at UAB from 2011 to present, only 4 families refused to allow the teaching uses of the deceased person's specimens (for cultural or religious reasons).

- 5) Following autopsy on incarcerated individuals, the remaining body will usually be returned to family members (if available). Thus they should know the fact that autopsy was conducted.
- 6) In teaching, simply the best path specimens are selected and presented to medical students.  
Of the 62 specimens used this year, only 4 were from prisoners. Specimens presented to MS1 students change from year to year.

The following points were also addressed by parties present at the meeting:

- 7) Even in cases of non-prisoner autopsy, the UAB's consent form takes an "opt-out" style. Unless the next of kin (usually family members) explicitly refuses to allow removed organs to be used for teaching purposes, they are presumed to have given consent for such uses. As indicated in 4), such refusal seldom occurs.
- 8) Secondary uses of once-discarded organs are considered legitimate and require no consent, as established in *Moore v Regents*, University of California.

Based on the discussions over points 1)-8), the Committee members largely endorsed the following:

- 9) There is no evidence that deceased prisoners are treated unfairly as compared with non-prisoners in the autopsy procedure or in the secondary teaching uses of removed organs. Both types of deceased individuals are treated with almost the same amount of respect and care.
- 10) It is hard to see any lack of ethicality in the retention and teaching uses of once-removed organs.

Thus, it was a position of the ethics committee that the autopsy process and the teaching uses of specimens obtained through the autopsy on incarcerated individuals in the current fashion would be ethically permissible.

At the same time, it was suggested that the UASOM teaching faculty, especially Pathology teaching staff, should teach medical students the procurement process of pathological specimens, the purpose and importance of autopsy, and the value of learning from rare pathological specimens. The teaching staff should also demonstrate respectful handling of all pathological specimens, those of prisoners and non-prisoners alike, themselves. Preclinical students should not be made to wonder, “Had they been informed that the path specimens would be handled this way, would the family members have felt comfortable with the teaching uses of their loved one’s tissues?” Dr. Reilly pointed out that, after this ethical concern was raised by medical students early this year, the path residents received careful re-training to make sure that all specimens are handled with respect.

Finally, student representatives were commended for coming forward to address this ethical concern, which demonstrates their genuine interests in the issues of health disparities in our society. Their active involvement greatly helped us understand the legal and ethical status of the specimen-procurement process through the autopsy program.

I, Charlene Drake, declare:

1. I am a resident of Alabama. I make this declaration based on personal knowledge and, if called upon to testify, I could and would testify competently thereto.
2. I am the daughter of Charles Edward Singleton (AIS: 291370), DOB: 2/27/1947. Charles died on November 2, 2021, at Regional One Health in Memphis, Tennessee. Charles was incarcerated by the Alabama Department of Corrections (“ADOC”) at his time of death, and was housed at Hamilton Aged & Infirm (“Hamilton”) prior to receiving care at outside hospitals before his death.
3. The Chaplain of Hamilton, David Smith, called me on November 2, to tell me that my father Charles had died. Chaplain Smith said that ADOC could take care of the burial arrangements. I told him absolutely not, and that we wanted to claim the body.
4. I was never contacted by the Warden of Hamilton.
5. On November 3, 2021, the Department of Pathology at the University of Alabama Hospital for The University of Alabama at Birmingham (“UAB”) received Charles’s body to conduct an autopsy. UAB completed an Outreach



Autopsy Provisional Report on November 3, 2021 at 19:01 CDT, signed by Stephanie Reilly, MD.

6. My family requested that Charles's body be sent to the funeral home of our choosing, Usrey Funeral Home, 21271 US Hwy 231 N., Pell City, Al 35125 (the "Funeral Home"). Jared Cooper is the Funeral Director at the Funeral Home.

7. My family requested from Mr. Cooper that we have a viewing for Charles prior to his burial. Mr. Cooper advised that it would be difficult to prepare his body for viewing, as his body was already in a noticeable state of decomposition characterized by advanced skin slippage.

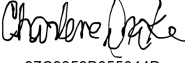
8. On or around November 8, 9 or 10, I, my mother Darlene Marie Singleton, and my daughter Crystal Drake Trammell went to the Funeral Home to inspect Charles's body. Mr. Cooper informed us that there were no organs in the body. He said normally the organs are in a bag placed back in the body after an autopsy, but Charles had been brought to the Funeral Home with no internal organs. His brain had also been removed. According to Mr. Cooper, he still had his eyes, but all other organs were gone.

9. My daughter Crystal called UAB after we got home from the Funeral Home. She spoke with a ward attendant about why the organs had been removed and

asked for the organs to be returned so that Charles could be buried with them. The ward attendant suggested calling Brice Johnson on the Pathologist staff at 205-934-9844. My family left voicemails but were never called back. We were never provided an explanation of where his organs are.

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

Dated: January 3, 2024

DocuSigned by:  
  
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Charlene Drake