

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF LOUISIANA

DANIEL GUMNS, MICHAEL VIDEAU, \*  
REVON WILEY, IAN CAZENAVE, \*  
REGINALD GEORGE, LIONEL TOLBERT, \*  
OTTO BARRERA, KENTRELL PARKER \*  
MICHAEL ROBINSON, JULIUS ALLEN, \*  
ERNEST ROERS, ALFOANSO GARNER, \*  
BRADLEY WINTERS, KENDRICK WILSON \*  
JAMES HUGHES, on behalf of themselves and all \*  
similarly situation individuals \*

Versus \*

NO. 3:20-cv-231-SDD-RLB

JOHN BEL EDWARDS, in his official \*  
capacity as Governor of the State of Louisiana; \*  
LOUISIANA DEPARATMENT OF PUBLIC \*  
SAFETY & CORRECTIONS; JAMES LeBLANC, \*  
in his official capacity as Secretary of the \*  
Department of Safety & Corrections; JOHN \*  
MORRISON, in his official capacity as Medical \*  
Director of the Department of Public Safety & \*  
Corrections; LOUISIANA DEPARMENT OF \*  
HEALTH; and Stephen R. RUSSO, in his official \*  
capacity as Interim Secretary of the Louisiana \*  
Department of Health \*

CLASS ACTION

**MEMORANDUM IN OPPOSITION TO PLAINTIFFS' MOTION  
TO RESTRAIN DEFENDANTS FROM TRANSFERRING  
COVID-19 CARRIERS TO LOUISIANA STATE PENITENTIARY**

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**MAY IT PLEASE THE COURT:**

The Louisiana Department of Public Safety & Corrections, James LeBlanc and John Morrison (collectively the “Defendants” herein) respectfully request that the Court deny the Plaintiffs’ motion to restrain Defendants from transferring COVID-19 carriers to Louisiana State Penitentiary for the reasons given herein and based upon the recent decision of *Valentine v. Collier*, 20-20207 (5<sup>th</sup> Cir. 4/22/20) and other authorities set forth below.

**I. INTRODUCTION**

The COVID-19 pandemic is obviously a serious public health crisis, and Louisiana is certainly one front in the nationwide fight against the pandemic. First responders are struggling with capacity and are being exposed.<sup>1</sup> The crisis has the capacity to overwhelm medical capacity within the state.<sup>2</sup> Personal protective equipment has been scarce.<sup>3</sup> Consistent with these concerns, the Louisiana Department of Health has ordered that any and all medical procedures shall be postponed until further notice, except for emergency procedures, “to preserve Personal Protective Equipment (PPE) and to utilize hospital staffing, equipment, and bed capacity for the transition to the COVID-19 emergency.”<sup>4</sup>

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<sup>1</sup>Chris Finch, *New Orleans first responders struggle as personnel exposed to COVID-19, some test positive*, WAFB9 (updated March 25, 2020 at 9:49 am), <https://www.wafb.com/2020/03/25/new-orleans-first-responders-struggle-personnel-exposed-covid-some-test-positive>; Jeff Adelson and Chad Calder, *With 1 in 6 workers under quarantine, New Orleans EMS to run lower-level ambulances*, THE NEW ORLEANS ADVOCATE (March 24, 2020) [https://www.nola.com/news/coronavirus/article\\_f8440d22-6e3e-11ea-a2d2-f3fae48a0854.html](https://www.nola.com/news/coronavirus/article_f8440d22-6e3e-11ea-a2d2-f3fae48a0854.html).

<sup>2</sup>*New COVID-19 Forecasts: US Hospitals Could Be Overwhelmed in the Second Week of April by Demand for ICU Beds, and US Deaths Could Total 81,000 by July*, INSTITUTE FOR HEALTH METRICS AND EVALUATION (March 26, 2020) <http://www.healthdata.org/news-release/new-covid-19-forecasts-us-hospitals-could-be-overwhelmed-second-week-april-demand-icu>.

<sup>3</sup>Jeanne Whalen, Tony Romm, Aaron Gregg, and Tom Hamburger, *Scramble for medical equipment descends into chaos as U.S. states and hospitals compete for rare supplies*, THE WASHINGTON POST (March 24, 2020) <https://www.washingtonpost.com/business/2020/03/24/scramble-medical-equipment-descends-into-chaos-us-states-hospitals-compete-rare-supplies/>.

<sup>4</sup>Healthcare Facility Notice/Order Notice #2020-COVID19-ALL-17 (available at [http://ldh.la.gov/assets/medicaid/hss/docs/Coronavirus\\_2019/LDH\\_Updated\\_Medical\\_Surgical\\_Procedures\\_032120\\_20.pdf](http://ldh.la.gov/assets/medicaid/hss/docs/Coronavirus_2019/LDH_Updated_Medical_Surgical_Procedures_032120_20.pdf)). Even cancer and heart surgeries are being delayed. Marilyn Marchione, *Cancer, heart surgeries delayed as coronavirus alters care*, CHRON (March 20, 2020) <https://www.chron.com/news/medical/article/Cancer-heart-surgeries-delayed-as-coronavirus-15140536.php>.

With this background in place, the Louisiana Department of Corrections (“DOC”) and Louisiana State Penitentiary (“LSP”) have taken steps to protect both offenders and staff. Below is a detailed description of the efforts being coordinated Statewide to address this serious issue and to provide for the health and welfare of offenders at LSP and all DOC facilities. Plaintiffs have now filed two (2) virtually identical suits seeking to interfere with these efforts. The first such effort was filed in the matter entitled *Lewis v. Cain*, No. 3:15-cv-00318, United States District Court, Middle District of Louisiana. That motion was dismissed by the Court on April 2, 2020 [R. Doc. 587 in the Lewis case].<sup>5</sup> Plaintiffs have now filed this second action seeking injunctive relief based on affidavits by their own handpicked “experts” who spent all of two days at LSP some four (4) years ago. Like the first motion that was dismissed by this Court, Plaintiffs’ second motion is filled with pure speculation and conjecture and should likewise be dismissed by this Court. Moreover, given recent rulings by the United States Fifth Circuit Court of Appeals, Plaintiffs’ filings cannot meet the requisite Eight Amendment standard and should be dismissed as a matter of law.

## **II. FACTUAL BACKGROUND**

### **A. DOC’s coordination of efforts to respond to COVID-19 pandemic**

In response to the COVID-19 pandemic, DOC has developed a plan to protect the health and safety of all offenders within the DOC system.<sup>6</sup> As part of its infection control program, DOC’s Influenza and Pandemic Viral Outbreaks regulation provides a formal policy and procedure concerning the planning, preparation, and management of a pandemic viral disease or an influenza outbreak. DOC recognized that a pandemic or an influenza outbreak may not follow an expected course and may present new challenges. DOC activated this regulation to the highest

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<sup>5</sup> In denying the motion in the *Cain* case, the Court found that “Plaintiffs’ motion is based primarily on speculation and conjecture.” [R. Doc. 587, p. 6]

<sup>6</sup> Affidavit of Secretary James LeBlanc at para. 2, attached as Ex. 1.

level, and DOC facility plans have been customized specifically to address COVID-19.<sup>7</sup>

Pursuant to the DOC regulation, each state prison has implemented a thorough and detailed Continuity of Operations Plan (“COOP”), which have been reviewed by DOC Headquarters Medical/Operations.<sup>8</sup> DOC is coordinating with the Governor’s office and other state agencies to stay up to date on all COVID-19 related issues, developments, and discussions.<sup>9</sup> Secretary LeBlanc has engaged in daily phone calls with the Unified Command Group headed by the Governor. He, along with all other Cabinet Secretaries, participate in these phone calls.<sup>10</sup> DOC is actively involved in the statewide management and response through the Governor’s Office of Homeland Security and Emergency Preparedness.<sup>11</sup> Moreover, DOC leadership has conference calls every Monday, Wednesday, and Friday with all Wardens, Louisiana State Police, and the Louisiana Sheriff’s Association. These phone calls discuss updates from each institution, medical reports and updates, institutional reports, and strategy for continued management related to COVID-19.<sup>12</sup>

In an effort to proactively deal with the COVID-19 pandemic and to protect the safety and welfare of offenders housed in DOC facilities, DOC has suspended visitation, volunteering, tours, transfers between prisons/routine transfers from local level, and postponed the Angola spring rodeo, all in effort to minimize movement.<sup>13</sup> DOC has also limited new intakes to only those who must be housed in a state prison. Each intake is screened and assessed for symptoms, and then quarantined for 14 days before placed in general population.<sup>14</sup> DOC has created a

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<sup>7</sup> *Id.* at para. 3.

<sup>8</sup> *Id.* at para. 4. A copy of the COOP Plan for Angola and relevant amendments were provided to Plaintiffs’ counsel prior to their filing of this motion. *See* R. Doc. 580-4.

<sup>9</sup> *Id.* at para. 5.

<sup>10</sup> *Id.* at para. 6.

<sup>11</sup> *Id.* at para. 7.

<sup>12</sup> *Id.* at para. 8.

<sup>13</sup> *Id.* at para. 9.

<sup>14</sup> *Id.* at para. 10.

COVID-19 webpage on its website and updates it frequently with the latest information. This has proven useful for staff and offenders' families during this pandemic.<sup>15</sup>

In an effort to educate and assist offenders during this difficult time, DOC has created two COVID-19 informational videos for offenders. These videos include an introduction by the Secretary and the onsite physician at Angola, an overview of the Department's response to the pandemic, and proactive ways offenders can reduce risk of infection. These videos are available in both English and Spanish. These videos are played on loop at all prisons and are also available on the Department's website for families to view.<sup>16</sup> DOC is also working in conjunction with Securus Technologies, Inc. to provide offenders in state-run prisons two (2) free 15-minute phone calls per week and two (2) free email stamps per week to allow offenders to maintain communication with family and friends during this event.<sup>17</sup> DOC has suspended medical visit co-payments in state prisons and has also ensured that ample hand sanitizer and anti-bacterial soap are readily available at all state prisons.<sup>18</sup>

DOC has been proactive in its fight against the COVID-19 pandemic and is following the guidelines of the United States Centers for Disease Control and Prevention ("CDC").<sup>19</sup> In addition to the CDC guidelines, DOC has instituted reverse isolation for the most vulnerable of the inmate population. DOC has identified offenders most at risk for infection and began reverse isolation of those offenders.<sup>20</sup>

DOC has obtained from the Louisiana Department of Health ("LDH") COVID-19 test sample collection kits, which have been issued to all prison facilities.<sup>21</sup> Inmate testing criteria

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<sup>15</sup> *Id.* at para. 11.

<sup>16</sup> *Id.* at para. 12.

<sup>17</sup> *Id.* at para. 13.

<sup>18</sup> *Id.* at para. 14-16.

<sup>19</sup> *Id.* at para. 17.

<sup>20</sup> *Id.* at para. 18.

<sup>21</sup> *Id.* at para. 19.

guidelines have been issued to all state facilities, which are based upon the direction of LDH. The guidelines require that any inmate exhibiting symptoms of an influenza-like illness, such as fever or fever and a cough shall be tested for COVID-19 and influenza.<sup>22</sup> Personal Protective Equipment (“PPE”) has been distributed to staff and offenders, as needed.<sup>23</sup> DOC has issued COVID-19-specific guidelines and trained all state prisons regarding screening, isolation, quarantine, housing, proper use of PPE, and precautionary measures. These guidelines are revised and updated as the CDC issues new information.<sup>24</sup> Each DOC facility has quarantine and isolation capabilities, which are used as needed.<sup>25</sup> DOC has implemented daily tracking of all inmate influenza and COVID-19 testing at each facility and delivers the COVID-19 test samples to LDH for laboratory testing.<sup>26</sup>

**B. LSP’s coordination of efforts to respond the COVID-19 pandemic**

LSP has coordinated its efforts to comply with the guidance and direction of DOC to address the COVID-19 pandemic.<sup>27</sup> LSP has implemented its COOP plan and COOP isolation plan.<sup>28</sup> LSP is following the CDC guidelines. In addition to the CDC guidelines, LSP has instituted, per DOC directives, reverse isolation for the most vulnerable of the inmate population in order to protect those offenders from unnecessary exposure to staff. LSP has identified offenders most at risk for infection and began reverse isolation. LSP staff in these areas are required to wear masks and only make contact when absolutely necessary.<sup>29</sup>

LSP’s current procedures ensure that proper housing, housekeeping, nutrition, medical care, and sanitation requirements are met, despite the additional challenges to staff and the

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<sup>22</sup> *Id.* at para. 20.

<sup>23</sup> *Id.* at para. 21.

<sup>24</sup> *Id.* at para. 22.

<sup>25</sup> *Id.* at para. 23.

<sup>26</sup> *Id.* at para. 24.

<sup>27</sup> See generally the Affidavit of Tracy Falgout, attached as Ex. 2.

<sup>28</sup> *Id.* at para. 5.

<sup>29</sup> *Id.* at para. 17-18.

offender population. As the situation created by the pandemic evolves, LSP staff are prepared to adapt as necessary. LSP has restricted offender movement within the facility. LSP has suspended visitation, volunteering, tours, transfers between prisons, routine transfers from local level, most programming, and postponed the Angola spring rodeo, all in effort to minimize movement.<sup>30</sup>

DOC has limited new intakes to only those who must be housed in state prison and each intake sent to LSP is screened and assessed for symptoms, and then quarantined for 14 days before placed in general population.<sup>31</sup> Any LSP offender presenting with symptoms of an influenza-like illness is given both an influenza test and a COVID-19 test. The offender is then sent to the appropriate isolation area. Once test results are obtained, the offender is treated per Healthcare Practitioners Orders.<sup>32</sup> All employees entering the facility are screened daily through a series of questions regarding COVID-19 symptoms and recent travel. All staff entering the Treatment Center have their temperatures checked prior to entering.<sup>33</sup>

### **C. Camp J**

Camp J began accepting patients for isolation on or about April 2, 2020.<sup>34</sup> Prior to the re-occupancy of Camp J, the facility was thoroughly cleaned and equipped to serve as a COVID-19 occupational facility. Additionally, those parts of Camp J that will house inmates for isolation have been fully climate controlled with central air-conditioning purchased/leased by DOC for these purposes.<sup>35</sup>

Camp J is currently being used as an isolation facility to house offenders from local jails who test positive for COVID-19 and who cannot be safely isolated at the local facilities.<sup>36</sup>

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<sup>30</sup> *Id.* at para. 7-9.

<sup>31</sup> *Id.* at para. 10.

<sup>32</sup> *Id.* at para. 20,

<sup>33</sup> *Id.* at para. 21.

<sup>34</sup> Supplemental Affidavit of Tracy Falgout at para. 9; attached as Ex. 3

<sup>35</sup> *Id.* at para. 13.

<sup>36</sup> *Id.* at para. 9.



Offenders housed at local facilities who test positive for COVID-19 are transported to Camp J for isolation, only if they cannot be isolated at the facility in which they are housed. Camp J also serves as an isolation facility for those offenders within the LSP population who test positive and require isolation from the general population at LSP.<sup>37</sup>

Camp J is a standalone facility located on LSP's 1800-acre campus. Camp J is located at least a mile away from any other offender-occupied buildings located at LSP. Camp J is being operated as independent prison separate and apart from the rest of DOC and LSP as part of DOC's current COVID-19 response plan. During this period, Camp J will not be considered part of Angola.<sup>38</sup>

Camp J is being used only as an isolation and monitoring facility. It does not act as a hospital and does not provide treatment to any Covid-19 patients that require ventilators, oxygen, or IV's. Any patients showing serious medical symptoms beyond isolation monitoring are sent to an appropriate outside hospital (typically Our Lady of the Lake Regional Medical Center in Baton Rouge) for any necessary medical care.<sup>39</sup>

Camp J is currently operating a two-prong isolation plan for inmates isolated there. All initial intakes are housed that the "Bass" unit for early isolation and monitoring. Inmates generally remain at the Bass unit for approximately seven (7) days during which time they are regularly monitored by staff that include one (1) nurse practitioner and two (2) to three (3) registered nurses. After this initial isolation period, those patients that continue to remain stable and show signs of improvement are moved to the "Gar" unit for "step-down" isolation for approximately an additional seven (7) days. In step down isolation, offenders are monitored daily by medical staff as they continue their recovery. Offenders are then tested after they complete the

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<sup>37</sup> *Id.* at para. 9-10.

<sup>38</sup> *Id.* at para. 11.

<sup>39</sup> *Id.* at para. 12.

full 14-day isolation regimen. Those who test negative are then discharged and appropriate transport and placement is determined by DOC headquarters. These offenders are considered recovered upon this negative COVID-19 test result.<sup>40</sup>

The above referenced process has worked very well thus far. Nearly all of the patients admitted to Camp J have continued to improve and have not had any serious complications. No one who has been admitted to Camp J has died. Only two offenders who were sent to Camp J have required hospitalization. Both of those offenders were transported to OLOL immediately upon intake because their symptoms were more severe upon intake than those allowed by the Camp J isolation criteria.<sup>41</sup>

The offenders and employees assigned to Camp J do not have interaction with other employees or offenders of LSP so as to limit the potential for exposure to COVID-19. Employees assigned to Camp J report directly to that facility daily for work. Healthcare workers who interact with offenders are given clothing to wear upon reporting for a shift. They change into this clothing, which they wear along with proper Personal Protective Equipment (“PPE”), while in contact with offenders. At the end of a given shift, employees then take a decontamination shower, leave behind the clothing provided so that it can be cleaned and sanitized, and then put on their personal clothing before leaving the facility. This practice has been implemented to take even further precautions to avoid any cross contamination while entering and leaving the facility.<sup>42</sup> Camp J has its own ambulance that has been assigned as the designated transport for those offenders who are transported to or from the facility for COVID-19 isolation.<sup>43</sup> All offenders housed at Camp J are being provided with masks and are being

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<sup>40</sup> *Id* at para. 14.

<sup>41</sup> *Id* at para. 15.

<sup>42</sup> *Id* at para. 16.

<sup>43</sup> *Id* at para. 17.

encouraged to use them by staff.<sup>44</sup>

The then-medical director of DOC, Dr. Morrison was involved in the decision to use Camp J in this fashion. In Dr. Morrison's opinion, this course of action is both medically appropriate and the most prudent course of action available to ensure the health and safety of DOC offenders and staff.<sup>45</sup>

**D. Status of the Named Plaintiffs and relationship with Camp J**

There are currently 15 named plaintiffs in this lawsuit. As set forth below, nearly all of them are not and have not ever been to Camp J. Plaintiff, Kendrick Wilson is an offender who was transported from East Baton Rouge Parish prison ("EBR") to Camp J on or about April 11, 2020. He has been at Camp J since that date and is currently in the "step-down" unit awaiting full recovery. Thereafter, he will be returned to EBR for continued incarceration.<sup>46</sup> Plaintiff Ernest Rogers has not been transported to or housed at Camp J.<sup>47</sup> Plaintiff Julius Allen has not been transported to or housed at Camp J.<sup>48</sup> Plaintiff Daniel Gumns has not been transported to or housed at Camp J.<sup>49</sup> Plaintiff Ian Cazenave has not been transported to or housed at Camp J.<sup>50</sup>

Although they have not submitted affidavits, named Plaintiffs, Michael Videau, Trevon Wiley, Reginald George, Lionel Tolbert, Otto Barrera, Kentrell Parker, Alfonso Garner, Bradley Winters and James Hughes have also not been transported to or housed at Camp J.<sup>51</sup> Additionally, although not listed as a plaintiff, Paul Nash (who submitted an affidavit) is currently at Camp J and he is stable and improving in "step down" isolation. Once retested (and receiving a negative result) he will be transported back to Bienville Parish where he was housed

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<sup>44</sup> *Id* at para. 18.

<sup>45</sup> Affidavit of Dr. Morrison, attached as Ex. 4.

<sup>46</sup> Supplemental affidavit of Tracy Falgout at para 19.

<sup>47</sup> *Id*.

<sup>48</sup> *Id*.

<sup>49</sup> *Id*.

<sup>50</sup> *Id*.

<sup>51</sup> *Id*.

prior to contracting COVID-19.<sup>52</sup> Finally, while Camp J plans to continue to accept offenders from local jails, Camp J is no longer accepting offenders from EBR for isolation. Arrangements have been made by EBR officials to manage and maintain their own onsite isolation facility.<sup>53</sup>

As discussed below, Plaintiffs' motion has no merit. It is nothing more than a vain effort to direct the response of the State, DOC and LSP, through the use of their hired gun litigation experts. The plaintiffs had Michael Puisis, D.O. submit an affidavit to allegedly support their motion. The affidavit is incredible in that it actually shows that DOC's and LSP's actions are in compliance with CDC guidelines and that no relief is necessary. Paragraph 11 of Dr. Puisis' original affidavit acknowledges that:

transfers into LSP have been suspended absent extenuating circumstances and if an inmate is transferred into LSP, they are supposed to be quarantined for a 14-day period. LSP screens visitors and new offenders with symptom screening and a temperature. **These measures are consistent with recommendations of the Center for Disease Control (CDC) correctional guidelines.**

(Emphasis added.) After stating his litigation position that LSP provides ineffective medical care (which is denied in the strongest terms possible), Dr. Puisis states that:

While **CDC procedures are in place** I question the ability to effectively carry out the procedures as stated.

(Emphasis added.) Thus, plaintiffs' own expert witness admits that DOC and LSP measures and procedures are consistent with CDC recommendations and procedures. Instead, he relies on conjecture that LSP is either unwilling or unable to implement the guidelines.

In their most recent affidavits, Dr. Puisis and Dr. Vassallo give the opinion that movement of prisoners to Camp J is not prudent. The basis of these opinions is fraught with unsupported assumptions, speculation and just plain falsities. The opinions are not based on fact and do not even take into consideration DOC efforts to protect all offenders, not just those

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<sup>52</sup> *Id.*

<sup>53</sup> *Id.* at para. 20.

housed at LSP. Plaintiffs' current filing is nothing more than an effort to usurp State powers and prohibit a plan that has been well thought out and vetted by Louisiana medical professionals who are doing everything in their power to safely respond to this crisis.

### III. ARGUMENT

The Plaintiffs seek solely to restrain the Defendants from transferring inmates with COVID-19 to Camp J at LSP. That is the sole issue presented by Plaintiffs' emergency motion for a TRO. [Doc. 15]

#### A. The Request for injunctive relief is moot both legally and factually.

Plaintiffs generally seek injunctive relief to restrain Defendants from transferring DOC offenders who test positive for COVID-19 to Camp J. It is well-settled law that a request for injunctive relief becomes moot upon the happening of the event sought to be enjoined. *Harris v. City of Houston*, 151 F.3d 186, 189 (5th Cir. 1998); see also, *Cervantes v. Dixon*, No. 5:13-CV-205-C, 2014 WL 5285699, at 3 (N.D. Tex. Oct. 15, 2014) (In case where inmate alleged unreasonable delay in provision of reference to a specialist and surgical procedure, the court found the request for injunctive relief moot because plaintiff was "examined by a specialist and underwent surgery" after filing of complaint). Such is the case here.

Plaintiff Kendrick Wilson has been at Camp J since on or about April 11, 2020 and is currently in the "step-down" unit awaiting full recovery, after which he will be returned to EBR for continued incarceration. Though not a named plaintiff, Paul Nash submitted an affidavit in support of the TRO. Like Kendrick Wilson, Nash is stable and improving in "step down" isolation unit. Upon being retested and receiving a negative result, he will be transported back to Bienville Parish where he was housed prior to contracting COVID-19. Thus, any request for injunctive relief relating to Wilson's and Nash's transfer to Camp J is moot.

Camp J is no longer accepting offenders from EBR for isolation and arrangements have been made by EBR officials to manage and maintain their own onsite isolation facility. Defendants have also confirmed that Plaintiffs Rogers and Allen have not and will not be transferred to Camp J. Accordingly, any relief requested specific to Rogers and Allen is likewise moot.

The remaining plaintiffs are current inmates housed at LSP who argue that the transfer of COVID-19 positive offenders to Camp J threatens the health of the rest of LSP's population. Defendants show that Camp J has been in operation since April 2, 2020. One of two things is true: either any cross-contamination that was going to occur has already occurred or, alternatively, the mitigation plan in connection with Camp J is working as intended. At this time, no one admitted to Camp J has died or even gotten worse.<sup>54</sup> When intervening circumstances render the court no longer capable of providing meaningful relief the plaintiff, a request for injunctive relief is moot. See *Harris*, 151 F.3d at 189.

Plaintiffs' request for injunctive relief is therefore moot and should be dismissed based upon current conditions.

**B. The request for injunctive relief should be denied on the merits.**

The United States Supreme Court in *Winter v. Nat. Res. Def. Council, Inc.*, 555 U.S. 7, 24, 129 S. Ct. 365, 376–77 (2008) held that:

A preliminary injunction is an extraordinary remedy never awarded as of right. In each case, courts “must balance the competing claims of injury and must consider the effect on each party of the granting or withholding of the requested relief.” “In exercising their sound discretion, courts of equity should pay particular regard for the public consequences in employing the extraordinary remedy of injunction.”

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<sup>54</sup> To be clear, two offenders were offenders who were transported to OLOL immediately upon intake because their symptoms were more severe upon intake than those allowed by the Camp J isolation criteria. Those two offenders should not have been sent to Camp J in the first instance.

(Citations omitted.) Similar to the United States Supreme Court, the Fifth Circuit has noted that an injunction is an extreme remedy:

A preliminary injunction is an extraordinary remedy. It should only be granted if the movant has clearly carried the burden of persuasion on all four *Callaway* prerequisites. The decision to grant a preliminary injunction is to be treated as the exception rather than the rule.

*Mississippi Power & Light Co. v. United Gas Pipe Line Co.*, 760 F.2d 618, 621 (5th Cir. 1985).

“The grant of injunctive relief is an extraordinary remedy which requires the movant to unequivocally demonstrate the need for its issuance.” *Valley v. Rapides Parish Sch. Bd.*, 118 F.3d 1047, 1050 (5th Cir. 1997). One district court captured the extraordinary nature of the remedy in stating that standard for granting an injunction

“is a ‘difficult’ and ‘stringent’ standard for the movant to meet.” *Humana Ins. Co. v. Tenet Health Sys.*, No. 3:16–CV–2919–B, 2016 WL 6893629, at \*11 (N.D. Tex. Nov. 21, 2016 (citing *Whitaker v. Livingston*, 732 F.3d 465, 469 (5th Cir. 2013) and *Janvey v. Alguire*, 647 F.3d 585, 591, 595 (5th Cir. 2011))).

*Texas v. Ysleta del Sur Pueblo*, No. EP-17-CV-179-PRM, 2018 WL 1566866, at \*9 (W.D. Tex. Mar. 29, 2018).

Courts “must balance the competing claims of injury and must consider the effect on each party of the granting or withholding of the requested relief.” *Winter*, 555 U.S. at 24, 129 S. Ct. at 376–77. Indeed, courts should pay particular regard for the public consequences in employing the extraordinary remedy of injunction.” *Id.*

The Fifth Circuit in *Canal Auth. of State of Fla. v. Callaway*, 489 F.2d 567, 572 (5th Cir. 1974) set forth the prerequisites for issuance of injunctive as:

(1) a substantial likelihood that plaintiff will prevail on the merits, (2) a substantial threat that plaintiff will suffer irreparable injury if the injunction is not granted, (3) that the threatened injury to plaintiff outweighs the threatened harm the injunction may do to defendant, and (4) that granting the preliminary injunction will not disserve the public interest.

The Fifth Circuit's recent decision in *Valentine v. Collier*, 20-20207 (5<sup>th</sup> Cir. 4/22/20) provides important guidance and is ultimately dispositive. In *Valentine*, the plaintiffs sought an injunction against a prison for the elderly and the infirm, those particularly susceptible to COVID-19. The plaintiffs sought and the district court entered a detailed injunction which required the Texas Department of Criminal Justice ("TDCJ") to undertake steps beyond those required by the CDC. The defendants sought a stay of the injunction with the Fifth Circuit. In considering whether to stay the preliminary injunction, the court considered four factors:

(1) whether the stay applicant has made a strong showing that he is likely to succeed on the merits; (2) whether the applicant will be irreparably injured absent a stay; (3) whether issuance of the stay will substantially injure the other parties interested in the proceeding; and (4) where the public interest lies.

These four factors are essentially the same as the four factors required for issuance of an injunction in the first instance. The Fifth Circuit ruled in favor of the defendants and stayed the injunction pending appeal.

Using *Valentine* as a guidepost, the plaintiffs cannot carry their burden of proving the elements necessary for the Court to grant the extraordinary remedy of issuance of a TRO to prevent the Defendants from transferring inmates with COVID-19 to LSP.

**1. The Plaintiffs cannot show a substantial likelihood of success on the merits.**

The Fifth Circuit in *Valentine* set forth the following applicable law:

In a constitutional claim alleging deliberate indifference to the conditions of a prisoner's confinement, the plaintiff must satisfy both the "subjective and objective requirements" of the Eighth Amendment inquiry. *Farmer v. Brennan*, 511 U.S. 825, 846 (1994). To satisfy the objective requirement, the plaintiff must show an "objectively intolerable risk of harm." *Ibid*. To satisfy the subjective requirement, the plaintiff must show that the defendant: "(1) was 'aware of facts from which the inference could be drawn that a substantial risk of serious harm exists'; (2) subjectively 'dr[e]w the inference' that the risk existed; and (3) disregarded the risk." *Cleveland v. Bell*, 938 F.3d 672, 676 (5th Cir. 2019) (quoting *Farmer*, 511 U.S. at 837). The "incidence of diseases or infections, standing alone," do not "imply unconstitutional confinement conditions, since any



densely populated residence may be subject to outbreaks.” *Shepherd v. Dallas Cty.*, 591 F.3d 445, 454 (5th Cir. 2009). Instead, the plaintiff must show a denial of “basic human needs.” *Ibid.* “Deliberate indifference is an extremely high standard to meet.” *Cadena v. El Paso Cty.*, 946 F.3d 717, 728 (5th Cir. 2020).

*Valentine*, pp. 5-6.

**a. The Plaintiffs cannot show Camp J presents an objective substantial risk of serious harm.**

The Plaintiffs have not proven that the use of Camp J presents a substantial risk of serious harm to their clients. The Plaintiffs’ counsel and their experts assume, without factual basis, that the use of Camp J will infect all offenders at LSP. According to the Plaintiffs, this alleged cross contamination presents an objective substantial risk of serious injury.

However, just as this Court found in response to the first motion filed in the *Lewis v. Cain* litigation, these concerns are based primarily upon speculation and conjecture. [*Lewis R. Doc. 587*] The Plaintiffs have no evidence that Camp J has actually caused the spread of COVID-19 outside of Camp J.

In addition, the Plaintiffs ignore the mitigation steps that the Defendants have undertaken in setting up and operating Camp J. Employees and offenders in Camp J do not interact with those outside of Camp J. Employees shower, decontaminate and change clothes prior to leaving Camp J. Camp J has its own dedicated ambulance. All of these steps mitigate against the substantial risk of harm. Indeed, Camp J has been in operation since April 2, 2020 with no known negative impacts to LSP to date. Considering all of the steps taken by Defendants to isolate Camp J and prevent the spread of COVID-19 outside of Camp J, the Plaintiffs cannot show an objective substantial risk of serious from the operation of Camp J.

The Fifth Circuit in *Valentine* held that the TDCJ was likely to prevail on the merits of the appeal because after accounting for the protective measures TDCJ has taken, the plaintiffs

had not shown a “substantial risk of serious harm” that amounted to “cruel and unusual punishment.” *Valentine*, p. 6. Similarly, here, the Court should find that the Plaintiffs have not shown a substantial risk of serious harm that amounts to cruel and unusual punishment as a result of the operation of Camp J.

**b. The Plaintiffs cannot show Camp J presents a subjective substantial risk of serious harm.**

Even assuming that there is a substantial risk of serious harm (which is denied), the Plaintiffs cannot show that the Defendants are subjectively deliberately indifferent to the risk from operation of Camp J. In response to the potential risk of transfer of COVID-19 outside of Camp J, the Defendants devised a plan which keeps Camp J as a separate facility to mitigate against spread of COVID-19 through LSP. Employees and offenders at Camp J do not interact with employees or offenders at LSP. Employees at Camp J decontaminate, shower and change clothes before leaving Camp J. The Defendants subjectively believe that the use of Camp J is working as shown by the facts that offenders are getting better at Camp J that there have been no known negative impacts to LSP from operation of Camp J. Thus, the Plaintiffs have failed to prove that the Defendants are subjectively indifferent to a substantial risk of serious harm from the operation of Camp J.

Again, the Fifth Circuit’s ruling in *Valentine* is significant. The Fifth Circuit found that the defendants’ general awareness of the dangers posed by COVID-19 was insufficient since the plaintiffs presented no evidence that the defendants subjectively believed that the measures they were taking were inadequate. *Valentine*, at p. 8. Here, just as in *Valentine*, there is no evidence that the Defendants believe that the measures that the Defendants are taking in setting up Camp J and in mitigating against cross contamination outside of Camp J are inadequate. Indeed, to the

contrary, the Defendants believe that the State and the DOC are benefitting from the operation of Camp J. In short, Camp J is fulfilling its intended role in mitigating the spread of COVID-19.

The Plaintiffs cannot prove that the Defendants are subjectively deliberately indifferent to a substantial risk of serious harm from operation of Camp J.

**2. The Plaintiffs cannot show a substantial threat of irreparable injury if the injunction is not granted.**

Speculative injury is not a sufficient basis to grant an injunction; there must be more than an unfounded fear on the part of the applicant. *Holland Am. Ins. Co. v. Succession of Roy*, 777 F.2d 992, 997 (5th Cir. 1985).

As stated above, the Defendants have shown that Camp J will be a separate standalone facility with no interaction with LSP facilities. With these facts established, the Plaintiffs cannot show that they will suffer irreparable harm if the injunction is not granted. The Court found in the *Lewis v. Cain* litigation, that the Plaintiffs' concerns are based primarily upon speculation and conjecture. [*Lewis R. Doc. 587*]. The case remains that the Plaintiffs continue to present nothing more than a case of speculation and conjecture that Camp J will harm them. That unfounded fear is an insufficient basis to grant injunctive relief, particularly with the additional facts that Camp J has operated since April 2, 2020 with no known negative impacts on the Plaintiffs.

**3. The Plaintiffs cannot show that the threatened injury to Plaintiffs outweighs the threatened harm the injunction may do to Defendants and/or that granting the injunction will not disserve the public interest.**

When the government is a defendant, the third factor (harm the injunction may do to defendant) and the fourth factor (granting the preliminary injunction will not disserve the public interest) merge into one. *Nken v. Holder*, 556 U.S. 418, 435, 129 S. Ct. 1749, 1762 (2009).

The threat to the public if the injunction is not granted is significant. Camp J is being used to isolate offenders from locations which cannot safely isolate offenders. The Defendants have determined that the use of Camp J is medically necessary to mitigate the impact of COVID-19 throughout the DOC facilities statewide. Without Camp J in operation, these other facilities throughout the state would be at an even greater risk of spread of COVID-19. In short, the use of Camp J is in furtherance of the public health. Plaintiffs did not address the serious risk posed by COVID-19 in other facilities or the overall public health concerns that the Defendants are attempting to address.

Individual states are vested with police powers, which allow states to enact reasonable regulations established to protect the public health and public safety of its citizens. *Jacobson v. Massachusetts*, 197 U.S. 11, 25, 25 S.Ct. 358, 361 (1905). States may also invest local bodies—such as the Department of Health or the Department of Corrections—with the authority to carry out such regulations and safeguard public health and safety.<sup>55</sup> *Id.*

Response to infectious disease outbreaks and epidemics has long been recognized as a function of the state's police power, and federal courts should not intervene in the state's response unless the response is deemed to be arbitrary or in violation of clearly established Constitutional law. *Morgan's La. & T.R. & S.S. v. Bd. of Health of State of La.*, 118 U.S. 455, 464–65, 6 S. Ct. 1114, 1118–19 (1886); *Jacobson*, 197 U.S. at 28, 25 S. Ct. at 361; *Hickox v. Christie*, 205 F. Supp. 3d 579, 594 (D.N.J. 2016). Indeed, the Supreme Court held that to intervene in the state's disease control measures

would usurp the functions of another branch of government if it adjudged, as matter of law, that the mode adopted under the sanction of the state, to protect the people at large was arbitrary, and not justified by the necessities of the case. We say necessities of the case, because it might be that an acknowledged power of a

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<sup>55</sup> Granted, all state action taken under the guise of police powers must yield to Constitutional protections and provisions. *Id.*

local community to protect itself against an epidemic threatening the safety of all might be exercised in particular circumstances and in reference to particular persons in such an arbitrary, unreasonable manner, or might go so far beyond what was reasonably required for the safety of the public, as to authorize or compel the courts to interfere for the protection of such persons.

*Jacobson*, 197 U.S. at 28; 25 S. Ct. at 362.

As to correctional institutions, the Supreme Court has held that it is “difficult to imagine an activity in which a State has a stronger interest, or one that is more intricately bound up with state laws, regulations, and procedures, than the administration of its prisons.” *Woodford v. Ngo*, 548 U.S. 81, 94, 126 S. Ct. 2378, 2388 (2006) (quoting *Preiser v. Rodriguez*, 411 U.S. 475, 491–92, 93 S. Ct. 1827, 1837 (1973); *Valentine*, pp. 8-9. Courts often find that “evaluation of penological objectives is committed to the considered judgment of prison administrators, who are actually charged with and trained in the running of the particular institution under examination.” *O’Lone v. Estate of Shabazz*, 482 U.S. 342, 349, 107 S. Ct. 2400, 2404 (1987) (internal citations omitted). In addition, the Supreme Court has acknowledged that “courts are ill equipped to deal with the increasingly urgent problems of prison administration and reform.” *Turner v. Safley*, 482 U.S. 78, 84–85; 107 S.Ct. 2254, 2259 (1987). “Running a prison is an inordinately difficult undertaking that requires expertise, planning, and the commitment of resources, all of which are peculiarly within the province of the legislative and executive branches of government. Prison administration is, moreover, a task that has been committed to the responsibility of those branches, and separation of powers concerns counsel a policy of judicial restraint.” *Id.* Moreover, when a state penal system is involved, the federal court has an “additional reason to accord deference to the appropriate prison authorities.” *Id.* These longstanding principles of separation of powers and deference must not be ignored, especially in the current crisis.

Louisiana has adopted administrative regulations advising the response to communicable diseases that may pose a serious threat to public health, including provisions for mandating isolation or quarantine of individuals who are suspected of being cases or carriers of disease. 51 La. Admin. Code II:117. The Supreme Court recognized the “authority of states to enact quarantine and health laws of every description” as early as 1905. *Jacobson*, 197 U.S. at 25, 25 S. Ct. at 361. The *Jacobson* court has been cited approvingly, even as recently as 2016 during the Ebola outbreak. *Hickox v. Christie*, 205 F.Supp.3d 579 (D.N.J. 2016). *Hickox* quoted *Jacobson* for the proposition that state-enacted measures to protect public health “will not be struck down unless it ‘has no real or substantial relation to [that goal], or is, beyond all question, a plain, palpable invasion of rights’ secured by the Constitution.” *Hickox*, 205 F.Supp.3d at 591 (quoting *Jacobson*, 197 U.S. at 31).

The Plaintiffs’ concerns cannot override the public interest. In this case, the public interest is public health, probably the most serious concern there could be. Defendants’ decision to set up Camp J made in the interest of public health for the State and DOC outweigh Plaintiffs’ concerns.

**4. The Plaintiffs have not shown compliance with the PLRA.**

The Prison Litigation Reform Act (the “PLRA”) requires inmates to exhaust “such administrative remedies as are available” before filing suit in federal court to challenge prison conditions. 42 U.S.C. § 1997e(a). This exhaustion obligation is mandatory—there are no “futility or other [judicially created] exceptions [to the] statutory exhaustion requirements . . . .” *Booth v. Churner*, 532 U.S. 731, 741 n.6 (2001). The Fifth Circuit in *Valentine* rejected the argument that the administrative process was too lengthy to provide timely relief under the special

circumstances of the COVID-19 crisis. *Valentine*, pp. 11-12. Thus, Plaintiffs' suit is premature since they have not shown that they have exhausted administrative remedies available.

The PLRA further mandates that “[p]reliminary injunctive relief must be narrowly drawn, extend no further than necessary to correct the harm the court finds requires preliminary relief, and be the least intrusive means necessary to correct that harm.” 18 U.S.C. § 3626(a)(2). And the PLRA says courts “shall give substantial weight to any adverse impact on public safety or the operation of a criminal justice system caused by the preliminary relief and shall respect the principles of comity set out in paragraph (1)(B) in tailoring any preliminary relief.” *Id.*; *Valentine*, pp. 13-14. The Defendants contend that the injunctive relief sought is not narrowly drawn, adversely impacts public safety, and would impede the principles of comity owed to the State of Louisiana. *See, Valentine*, at pp. 13-14 (“These may be salutary health measures. But that level of micromanagement, enforced upon threat of contempt, does not reflect the principles of comity commanded by the PLRA.”).

#### IV. CONCLUSION

The Fifth Circuit's decision in *Valentine* should control. For the foregoing reasons, Defendants respectfully ask the Court to deny the relief sought by Plaintiffs in the instant motion.

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ATTORNEY GENERAL**

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Counsel for Defendants

**CERTIFICATE OF SERVICE**

I hereby certify that on the 24th day of April, 2020, I electronically filed the foregoing pleading with the Clerk of Court using the CM/ECF system which will send a notice of electronic filing to all counsel of record.

/s/ Randal J. Robert  
Randal J. Robert

52728850.v1



UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF LOUISIANA

JOSEPH LEWIS, JR., KENTRELL PARKER, \*  
FARRELL SAMPIER, REGINALD \*  
GEORGE, JOHN TONUBBEE, OTTO \*  
BARRERA, CLYDE CARTER, CEDRIC \*  
EVANS, EDWARD GIOVANNI, RICKY D. \*  
DAVIS, LIONEL TOLBERT, and RUFUS \*  
WHITE, on behalf of themselves and all \*  
others similarly situated, \*

CIVIL ACTION  
NO. 3:15-cv-00318  
JUDGE SHELLY D. DICK  
MAGISTRATE JUDGE  
RICHARD L. BOURGEOIS

VERSUS

BURL CAIN, Warden of the Louisiana State \*  
Penitentiary, in his official capacity; \*  
STEPHANIE LEMARTINIÈRE, Assistant \*  
Warden for Health Services, in her official \*  
Capacity; JAMES M. LEBLANC, Secretary of \*  
THE LOUISIANA DEPARTMENT OF \*  
PUBLIC SAFETY AND CORRECTIONS \*

\*\*\*\*\*

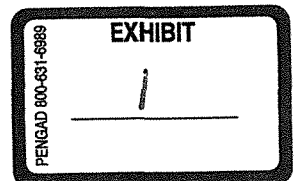
**AFFIDAVIT**

**BEFORE ME**, the undersigned Notary Public qualified in the aforesaid state and parish,  
personally came and appeared:

**JAMES M. LeBLANC**

who, after being duly sworn by me, did depose and state:

1. I have been employed by the State of Louisiana Department of Public Safety and Corrections (“DOC”) since 1973. I have been Secretary of DOC (“Secretary”) from January 2008 through the present time. I served as Acting Chief of Operations for DOC for a period prior to that and as Warden of Dixon Correctional Institute for the preceding twelve (12) years. I have served in various capacities, including Undersecretary (1992 – 1995), as well as interim Director of Probation and Parole (1998 – 1999). I received a B.A. in Business Administration from Southeastern Louisiana University in December 1972, with minors in Marketing and Accounting.



2. With regards to DOC's ongoing response to the COVID-19 Pandemic, DOC has an existing infectious disease and pandemic prevention and response plan in place to protect the safety of all offenders within the DOC system.

3. As part of its infection control program, DOC Influenza and Pandemic Viral Outbreaks regulation provides a formal policy and procedure concerning the planning, preparation, and management of a pandemic viral disease or an influenza outbreak. DOC recognizes that a pandemic or an influenza outbreak may not follow an expected course and may present new challenges. DOC has activated this regulation to the highest level, and DOC facility plans have been customized specifically to address COVID-19.

4. Pursuant to the governing Department Regulation, each state prison has implemented a thorough and detailed Continuity of Operations Plan ("COOP"), which have been reviewed by DOC Headquarters Medical/Operations.

5. DOC is coordinating with the Governor's office and other state agencies to stay up to date on all COVID-19 related issues, developments, and discussions.

6. I have daily phone calls with the Unified Command Group headed by the Governor. I, along with all other Cabinet Secretaries and other local and state leadership officials, participate in these phone calls.

7. DOC is actively involved in the statewide management and response through the Governor's Office of Homeland Security and Emergency Preparedness.

8. DOC has conference calls every Monday, Wednesday, and Friday that include all DOC leadership, all Wardens, Louisiana State Police, and the Louisiana Sheriff's Association. These phone calls discuss updates from each institution, medical reports and updates, institutional reports, and strategy for continued management related to COVID-19.

9. DOC has suspended visitation, volunteering, tours, transfers between prisons/ routine transfers from local level, and postponed the Angola spring rodeo, all in effort to minimize movement.
10. DOC has limited new intakes to only those who must be housed in a state prison. Each intake is screened and assessed for symptoms, and then quarantined for 14 days before placed in general population.
11. DOC has created a COVID-19 webpage on its website and updates it frequently with the latest information. This has proven useful for staff and offenders' families during this pandemic.
12. DOC has created two COVID-19 informational videos for offenders. These videos include an introduction by me and the onsite physician at Angola, an overview of DOC's response to the pandemic, and proactive ways offenders can reduce risk of infection. These videos are available in both English and Spanish. These videos are played on loop at all prisons and are also available on DOC's website for families to view.
13. DOC, together with Securus Technologies, Inc., is providing offenders in state-run prisons two (2) free 15-minute phone calls per week and two (2) free email stamps per week to allow offenders to maintain communication with family and friends during this crisis.
14. DOC has suspended medical visit co-payments in state prisons.
15. DOC has suspended the two-hundred and fifty dollar (\$250) minimum account balance requirement on offender bank accounts in state prisons.
16. DOC has also required and ensured that ample hand sanitizer and soap are readily available at all state prisons. Offenders will be issued additional free bars of soap on an ongoing basis.
17. DOC is following the guidelines of the United States Centers for Disease Control and Prevention ("CDC").

18. In addition to the CDC guidelines, DOC has instituted reverse isolation for the most vulnerable of the offender population. Approximately two weeks ago, DOC identified offenders most at risk for infection and began reverse isolation of those offenders.

19. DOC has obtained from the Louisiana Department of Health (“LDH”) COVID-19 test sample collection kits, which have been issued to all prison facilities.

20. DOC has issued offender testing criteria guidelines to all state facilities, which are based upon the direction of LDH. The guidelines require that any offender exhibiting symptoms of an influenza-like illness, such as fever or fever and a cough shall be tested for COVID-19 and influenza.

21. DOC has provided Personal Protective Equipment (“PPE”) to staff and offenders, as needed.

22. DOC has issued COVID-19-specific guidelines and trained all state prisons regarding screening, isolation, quarantine, housing, proper use of PPE, and precautionary measures. These guidelines are revised and updated as the CDC issues new information.

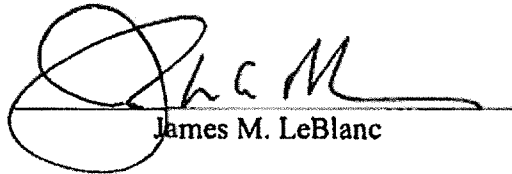
23. Each DOC facility has quarantine and isolation capabilities, which are used as needed.

24. DOC implemented daily tracking of all offender influenza and COVID-19 testing at each facility and delivers the COVID-19 test samples to LDH for laboratory testing.

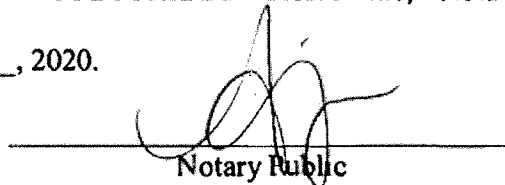
25. On March 16, 2020, a “Call to Action” plan related to COVID-19 in Louisiana jails and prisons was initiated by The Promise of Justice Initiative, the ACLU of Louisiana, the Southern Poverty Law Center and other organizations. Mercedes Montagnes, lead counsel for Plaintiffs, is the Executive Director of The Promise of Justice Initiative, and Plaintiffs are also represented by the ACLU of Louisiana and the Southern Poverty Law Center. This “Call to Action” publicly disseminated my email address, as well as the email addresses of DOC General Counsel Jonathan

Vining, and the Governor's Executive Counsel Matthew Block, among others. It encouraged persons to repeatedly forward an identical letter to the leadership of DOC and the State of Louisiana, which overwhelmed the email accounts of those employees. Instead of devoting all available time to the underlying emergency declaration, valuable resources have been devoted to receiving hundreds of email forwards of the same chain letter each day since March 16.

26. The foregoing is true to the best of my knowledge, information, and belief.

  
James M. LeBlanc

SWORN TO AND SUBSCRIBED before me, Notary, on the 1 day of April, 2020.

  
Notary Public

AISHA K MIRZA  
NOTARY PUBLIC  
138785  
BAR ROLL 35525  
STATE OF LOUISIANA  
COMMISSIONED FOR LIFE

52388214.v1

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF LOUISIANA

JOSEPH I.FWIS, JR., KENTRELL PARKER, *	CIVIL ACTION
FARRELL SAMPIER, REGINALD *	
GEORGE, JOHN TONUBBEE, OTTO *	NO. 3:15-cv-00318
BARRERA, CLYDE CARTER, CEDRIC *	
EVANS, EDWARD GIOVANNI, RICKY D. *	JUDGE SHELLY D. DICK
DAVIS, LIONEL TOLBERT, and RUFUS *	
WHITE, on behalf of themselves and all *	MAGISTRATE JUDGE
others similarly situated, *	RICHARD L. BOURGEOIS

VERSUS

BURL CAIN, Warden of the Louisiana State Penitentiary, in his official capacity; STEPHANIE LEMARTINIERE, Assistant Warden for Health Services, in her official Capacity; JAMES M. LEBLANC, Secretary of THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

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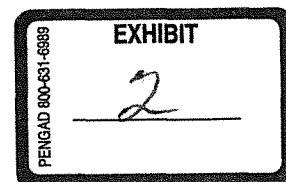
AFFIDAVIT

BEFORE ME, the undersigned Notary Public qualified in the aforesaid state and parish, personally came and appeared:

**TRACY FALGOUT**

who, after being duly sworn by me, did depose and state:

- I have been employed by the State of Louisiana Department of Public Safety and Corrections ("DOC") from November 20, 2000 to present. Since August of 2019, I have held the position of Deputy Warden – Operations at Louisiana State Penitentiary ("LSP" or "Angola"). My job duties include administrative oversight of the following departments: Health Services, Legal Programs, Training Academy, Religious Services, ACA, and ADA. I also serve as the facility ADA Coordinator.
- I have been licensed as a Registered Nurse by the State of Louisiana since December of 1990.




3. In response to the COVID-19 pandemic, DOC has developed a plan to protect the health and safety of all offenders within the DOC system.
4. LSP is following DOC's Influenza and Pandemic Viral Outbreaks regulation, which, as part of DOC's infection control program, provides a formal policy and procedure framework concerning the planning, preparation, and management of a pandemic viral disease or an influenza outbreak. DOC recognizes that a pandemic or an influenza outbreak may not follow an expected course and may present new challenges. DOC has activated this regulation to the highest level, and DOC facility plans have been customized specifically to address COVID-19.
5. LSP has also implemented its Continuity of Operations Plan ("COOP") and COOP Isolation Plan.
6. LSP participates in conference calls every Monday, Wednesday, and Friday with Secretary LeBlanc and all DOC leadership, all Wardens, Louisiana State Police, and the Louisiana Sheriff's Association. These phone calls discuss updates from each institution, medical reports and updates, institutional reports, and strategy for continued management related to COVID-19.
7. LSP's current procedures ensure that proper housing, housekeeping, nutrition, medical care, and sanitation requirements are met, despite the additional challenges to staff and the offender population. As the pandemic situation evolves, LSP staff is prepared to adapt as necessary.
8. LSP has restricted offender movement within the facility.
9. LSP has suspended visitation, volunteering, tours, transfers between prisons, routine transfers from local level, most programming, and postponed the Angola spring rodeo, all in effort to minimize movement.
10. DOC has limited new intakes to only those who must be housed in state prison. Each intake sent to LSP is screened and assessed for symptoms, and then quarantined for 14 days before placed in general population.

11. DOC has created two COVID-19 informational videos for offenders. These videos include an introduction from Secretary Le Blanc and the Medical Director at LSP and provide an overview of DOC's response to the pandemic and proactive ways offenders can reduce risk of infection. The videos are available in English, Spanish, Closed Caption, and ASL versions. The videos are played on loop at LSP and are also available on the DOC website for families to view.
12. DOC, together with Securus Technologies, Inc., is providing offenders in state-run prisons, including LSP, two (2) free 15-minute phone calls per week and two (2) free email stamps per week to allow offenders to maintain communication with family and friends during this crisis. Additionally, at LSP, if an offender is placed in isolation, the offender will be provided with an additional free phone call if necessary.
13. DOC has required and ensured that ample hand sanitizer and anti-bacterial soap are readily available at all state prisons, including LSP. Offenders will be issued additional free bars of soap on an ongoing basis. LSP has also educated all offenders on the proper way to wash their hands.
14. At LSP, pill call lines have been alternated. Medicine is distributed unit-by-unit to ensure that offenders from different units do not come into contact with one another.
15. At LSP, mealtimes have been alternated to ensure that offenders from different units do not come into contact with one another. Dining facilities are cleaned and sanitized before and after mealtime for each unit.
16. At LSP, yard time is allocated on a unit-by-unit basis to ensure that offenders from different units do not come into contact with one another.
17. DOC, including LSP, is following the guidelines of the United States Centers for Disease Control and Prevention ("CDC").



18. In addition to the CDC guidelines, DOC has instituted reverse isolation for the most vulnerable of the offender population in order to protect those offenders from unnecessary exposure to staff. Approximately two weeks ago, LSP identified offenders most at risk for infection and began reverse isolation. LSP staff in these areas are required to wear masks and only make contact when absolutely necessary.
19. Any LSP offender presenting with symptoms of an influenza-like illness is given both an influenza test and a COVID-19 test. The offender is then sent to the appropriate isolation area. Once test results are obtained, the offender is treated per Healthcare Practitioners Orders.
20. All employees entering the facility are screened daily through a series of questions regarding COVID-19 symptoms and recent travel. All staff entering the Treatment Center have their temperatures checked prior to entering.
21. At this time, DOC has not transferred anyone with COVID-19 to Angola.
22. Offenders housed at DOC facilities who test positive for COVID-19 will be isolated at the facility in which they are housed.
23. Camp J at LSP will be used to isolate offenders only in the event that it becomes necessary. Camp J is an isolated facility and is not located near any other Offender Housing at LSP.
24. Offenders housed in DOC facilities who test positive for COVID-19 will be transported to Camp J for isolation, only if they cannot be isolated at the facility in which they are housed.
25. DOC offenders housed at local facilities who test positive for COVID-19 will be transported to Camp J for isolation, only if they cannot be isolated at the facility in which they are housed.
26. Offenders from the local level who test positive for COVID-19 will be transported to Camp J for isolation, only if they cannot be isolated at the facility in which they are housed.

27. The staff providing care to COVID positive offenders at Camp J will follow the guidelines provided by the CDC and will use the proper Personal Protective Equipment ("PPE") while in contact with offenders.
28. COVID positive offenders will be under strict cell isolation. Every other cell will be utilized in order to maintain proper distancing. All food will be served on disposable trays with disposable utensils. All personal hygiene items will be provided to offenders in their cell, and the items will be disposable.
29. As the COVID crisis presents new challenges daily, LSP's response continues to evolve. and LSP staff is prepared to adapt as necessary.
30. The foregoing is true to the best of my knowledge, information, and belief.

  
\_\_\_\_\_  
Tracy Falgout

SWORN TO AND SUBSCRIBED before me, Notary, on the 1<sup>st</sup> day of April, 2020.

  
\_\_\_\_\_  
Notary Public

HEATHER HOOD #154621  
Parish of East Baton Rouge  
State of Louisiana  
My Commission is for Life

52388201.v1

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF LOUISIANA

DANIEL GUMNS, MICHAEL VIDEAU,  
REVON WILEY, IAN CAZENAVE,  
REGINALD GEORGE, LIONEL TOLBERT,  
OTTO BARRERA, KENTRELL PARKER  
MICHAEL ROBINSON, JULIUS ALLEN,  
ERNEST ROERS, ALFOANSO GARNER,  
BRADLEY WINTERS, KENDRICK WILSON  
JAMES HUGHES, on behalf of themselves and all  
similarly situation individuals

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NO. 3:20-cv-231-SDD-RLB

Versus

\*

JOHN BEL EDWARDS, in his official  
capacity as Governor of the State of Louisiana;  
LOUISIANA DEPARATMENT OF PUBLIC  
SAFETY & CORRECTIONS; JAMES LeBLANC,  
in his official capacity as Secretary of the  
Department of Safety & Corrections; JOHN  
MORRISON, in his official capacity as Medical  
Director of the Department of Public Safety &  
Corrections; LOUISIANA DEPARMENT OF  
HEALTH; and Stephen R. RUSSO, in his official  
capacity as Interim Secretary of the Louisiana  
Department of Health

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CLASS ACTION

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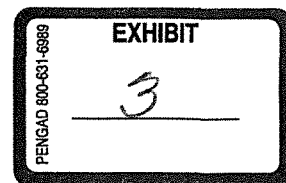
SUPPLEMENTAL AFFIDAVIT BY TRACY FALGOUT

BEFORE ME, the undersigned Notary Public qualified in the aforesaid state and parish,  
personally came and appeared:

TRACY FALGOUT

who, after being duly sworn by me, did depose and state:

1. I am providing this Affidavit as a supplement to the one that I executed on or about  
April 2, 2020 in the matter entitled *Lewis v. Cain*, No. 3:15-cv-00318, United States  
District Court, Middle District of Louisiana.



2. I have been employed by the State of Louisiana Department of Public Safety and Corrections (“DOC”) from November 20, 2000 to present. Since August of 2019, I have held the position of Deputy Warden – Operations at Louisiana State Penitentiary (“LSP” or “Angola”). My job duties include administrative oversight of the following departments: Health Services, Legal Programs, Training Academy, Religious Services, ACA, and ADA. I also serve as the facility ADA Coordinator.
3. I have been licensed as a Registered Nurse by the State of Louisiana since December of 1990.
4. In response to the COVID-19 pandemic, DOC has developed a plan to protect the health and safety of all offenders within the DOC system.
5. LSP is following DOC’s Influenza and Pandemic Viral Outbreaks regulation, which, as part of DOC’s infection control program, provides a formal policy and procedure framework concerning the planning, preparation, and management of a pandemic viral disease or an influenza outbreak. DOC recognizes that a pandemic or an influenza outbreak may not follow an expected course and may present new challenges. DOC has activated this regulation to the highest level, and DOC facility plans have been customized specifically to address COVID-19.
6. LSP has also implemented its Continuity of Operations Plan (“COOP”) and COOP Isolation Plan.
7. LSP’s current procedures ensure that proper housing, housekeeping, nutrition, medical care, and sanitation requirements are met, despite the additional challenges to staff and the offender population. As the pandemic situation evolves, LSP staff is prepared to adapt as necessary.

8. LSP is following the guidelines of the United States Centers for Disease Control and Prevention (“CDC”).
9. Camp J at LSP is currently being used as an isolation facility to house offenders from local jails in who test positive for COVID-19 and who cannot be safely isolated at the local facilities. Camp J began accepting patients for isolation on or about April 2, 2020. Camp J also serves as an isolation facility for those offenders within the LSP population who test positive and require isolation from the general population at LSP.
10. Offenders housed at local facilities who test positive for COVID-19 are transported to Camp J for isolation, only if they cannot be isolated at the facility in which they are housed. Camp J is an isolated facility and not located near any other offender housing unit at LSP.
11. Camp J is a standalone facility located on LSP’s 1800-acre campus. Camp J is located at least a mile away from any other offender occupied buildings located at LSP. Camp J is being operated as independent prison separate and apart from the rest of DOC and LSP as part of DOC’s current COVID-19 response plan. During this period, Camp J will not be considered part of Angola.
12. Camp J is being used only as an isolation and monitoring facility. It does not act as a hospital and does not provide treatment to any Covid-19 patients that require ventilators, oxygen, or IV’s. Any patients showing serious medical symptoms beyond isolation monitoring are sent to an appropriate outside hospital (typically Our Lady of the Lake Regional Medical Center in Baton Rouge) for any necessary medical care.
13. Prior to the re-occupancy of Camp J, the facility was thoroughly cleaned and equipped to serve as a COVID-19 occupational facility. Additionally, those parts of Camp J that

will house inmates for isolation have been fully climate controlled with central air-conditioning purchased/leased by DOC for these purposes.

14. Camp J is currently operating a two prong isolation plan for inmates isolated there. All initial intakes are housed that the "Bass" unit for early isolation and monitoring. Inmates generally remain at the Bass unit for approximately seven (7) days during which time they are regularly monitored by a staff that include one nurse practitioner and two (2) to three (3) registered nurses. After this initial isolation period, those patients that continue to remain stable and show signs of improvement are moved to the "Gar" unit for "step-down" isolation for approximately an additional seven (7) days. In step down isolation, offenders are monitored daily by medical staff as they continue their recovery. Offenders are then tested after they complete the full 14 day isolation regiment. Those who test negative are then discharged and appropriate transport and placement is determined by DOC headquarters. These offenders are considered recovered upon this negative COVID-19 test result.
15. The above referenced process has worked very well thus far. Nearly all of the patients admitted to Camp J have continued to improve and have not had any serious complications. No one who has been admitted to Camp J has died. Only two offenders who were sent to Camp J have required hospitalization. Both of those offenders were transported to OLOL immediately upon intake because their symptoms were more severe upon intake than those allowed by the Camp J isolation criteria.
16. The offenders and employees assigned to Camp J do not have interaction with other employees or offenders of LSP so as to limit the potential for exposure to COVID-19. Employees assigned to Camp J report directly to that facility daily for work. Healthcare

workers who interact with offenders are given clothing to wear upon reporting for a shift. They change into this clothing, which they wear along with proper Personal Protective Equipment (“PPE”), while in contact with offenders. At the end of a given shift, employees then take a decontamination shower, leave behind the clothing provided so that it can be cleaned and sanitized, and then put on their personal clothing before leaving the facility. This practice has been implemented to take even further precautions to avoid any cross contamination while entering and leaving the facility.


17. Camp J has its own ambulance that has been assigned as the designated transport for those offenders who are transported to or from the facility for COVID-19 isolation.
18. All offenders housed at Camp J are being provided with masks and are being encouraged to use them by staff.
19. I have reviewed the list of plaintiffs named in this suit and the affidavits submitted by the plaintiffs and have confirmed the following facts: (1) Kendrick Wilson is an offender who was transported from East Baton Rouge Parish prison (“EBR”) to Camp J on or about April 11, 2020. He has been at Camp J since that date and is currently in the “step-down” unit awaiting full recovery. Thereafter, he will be returned to EBR for continued incarceration; (2) Ernest Rogers has not been transported to or housed at Camp J; (3) Julius Allen has not been transported to or housed at Camp J; (4) Daniel Gumms has not been transported to or housed at Camp J; (5) Ian Cazenave has not been transported to or housed at Camp J. Although they have not submitted affidavits, I have also confirmed that Michael Videau, Trevon Wiley, Reginald George, Lionel Tolbert, Otto Barrera, Kentrell Parker, Alfonso Garner, Bradley Winters and James Hughes have not been transported to or housed at Camp J. Finally, although not listed

as a plaintiff, I have reviewed the status of Paul Nash and have confirmed that he is stable and improving in "step down" isolation and that upon being retested (and receiving a negative result) will be transported back to Bienville Parish where he was housed prior to contracting COVID-19.

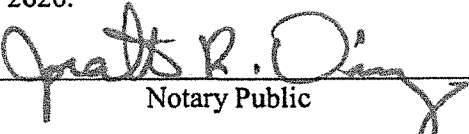
20. Additionally, while Camp J plans to continue to accept offenders from local jails, Camp J is no longer accepting offenders from EBR for isolation. Arrangements have been made by EBR officials to manage and maintain their own onsite isolation facility.

21. As the COVID crisis presents new challenges daily, LSP's response continues to evolve, and LSP staff is prepared to adapt as necessary.

22. The foregoing is true to the best of my knowledge, information, and belief.

  
Tracy Falgout

SWORN TO AND SUBSCRIBED before me, Notary, on the 23 day of April, 2020.

  
Notary Public

JONATHAN R. VINING  
NOTARY PUBLIC  
State of Louisiana  
LA Bar #30781  
My Commission Expires at Death

52388201.v2



UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF LOUISIANA

JOSEPH LEWIS, JR., KENTRELL PARKER, *	CIVIL ACTION
FARRELL SAMPIER, REGINALD *	
GEORGE, JOHN TONUBBEE, OTTO *	NO. 3:15-cv-00318
BARRERA, CLYDE CARTER, CEDRIC *	
EVANS, EDWARD GIOVANNI, RICKY D. *	JUDGE SHELLY D. DICK
DAVIS, LIONEL TOLBERT, and RUFUS *	
WHITE, on behalf of themselves and all *	MAGISTRATE JUDGE
others similarly situated, *	RICHARD L. BOURGEOIS
VERSUS *	
BURL CAIN, Warden of the Louisiana State *	
Penitentiary, in his official capacity; *	
STEPHANIE LEMARTINIÈRE, Assistant *	
Warden for Health Services, in her official *	
Capacity; JAMES M. LEBLANC, Secretary of *	
THE LOUISIANA DEPARTMENT OF *	
PUBLIC SAFETY AND CORRECTIONS *	
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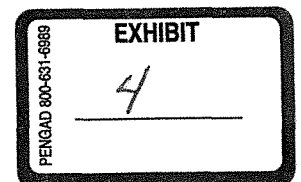
**AFFIDAVIT**

**BEFORE ME**, the undersigned Notary Public qualified in the aforesaid state and parish, personally came and appeared:

**DR. JOHN E. MORRISON**

who, after being duly sworn by me, did depose and state:

1. Dr. Morrison has been employed by the state of Louisiana Department of Public Safety and Corrections (“DOC”) from April 2018 to present. He graduated from LSU Medical Center New Orleans in 1979 and has been double certified in general surgery and advanced cardiac life support for over 34 years. Dr. Morrison’s extensive medical career is detailed in the attached CV. He has a variety of medical rolls in his career from Medical Director at several hospitals, active surgeon at Touro Medical Center, attending surgeon at University Hospital in New Orleans, to the Medical Director at the Louisiana



Department of Corrections. Dr. Morrison is currently the Section Chief of General Surgery at LSU. Dr. Morrison was the Co-Director of Basic course in laparoscopy in conjunction with the Society of Laparoendoscopic Surgeons, he developed basic didactic lecture series on laparoscopy and complications in laparoscopy. The course is offered to surgical departments in developing and underserved areas. The course has been taught in China, Romania, Bulgaria and Puerto Rico. Currently, he coordinates the courses with European countries. He is Vice Chair of Resident Education and in conjunction with the Program Director, the Teaching Chief Residents, and the Chairman, a two-year rotating curriculum has been created for the education of the Surgery Residents. This involves the coordination of a clinical conference, didactic lectures, case presentations, grand rounds, basic science conference, and extra teaching materials. He also coordinates the topics for the ABSITE (American Board of Surgery in Training Exam) review material as developed by Dr. Jennifer Mooney. He has had 10 academic appointments at five different institutions. He has received 11 awards ranging from faculty awards to being selected to sit on an advisory committee. Dr. Morrison has had numerous appointments, awards and publications, on a local, national, and international level, which are all outlined in his attached CV. In the 40 years Dr. Morrison has been practicing medicine, he has given back to the community, furthered medical science in both research, action, and teaching, and has exhibited a passion for both medically and administratively furthering the community's well-being.

2. DOC's efforts to respond to the COVID-19 issue has been a massive undertaking and DOC has developed a plan to protect the health and safety of all offenders within the DOC system.

3. The DOC regulation addressing Influenza and Pandemic Viral Outbreaks provides a formal policy and procedure for DOC concerning the planning, preparation and management of a pandemic viral disease or an influenza outbreak as part of DOC's infection control program. DOC recognizes a pandemic or an influenza outbreak may or may not follow an expected course and may present new challenges. DOC has activated this regulation to the highest level and facility plans have made customizations specific to addressing COVID-19.
4. There are currently no offenders housed at Louisiana State Penitentiary (LSP) that have COVID-19.
5. Along with following DOC Regulation, LSP is also following its Continuity of Operations Plan (COOP) Plan and COOP Isolation Plan.
6. DOC has suspended medical visit co-payments in state prisons.
7. DOC, including LSP is following the CDC guidelines, including the Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.
8. In addition to the CDC guidelines, DOC has instituted reverse isolation for the most vulnerable population. DOC was pro-active and identified at risk offenders two weeks ago and began reverse isolation. Reverse isolation adds another level of security to prevent the spread of COVID-19.
9. Reverse isolation is being practiced with the most vulnerable population to protect those offenders from unnecessary exposure to staff. LSP staff in these areas are required to wear masks and gloves and only make contact when absolutely necessary.
10. DOC has obtained from the Louisiana Department of Health COVID-19 test sample

collection kits and issued to all prison facilities.

11. DOC has issued offender testing criteria guidelines to all state facilities (based upon Louisiana Department of Health's direction); any offender exhibiting an influenza-like illness (fever or fever and cough) shall be tested for COVID-10 and Influenza.
12. DOC has re-enforced healthy hygiene and gave instructions to offenders on how to properly wash their hands.
13. Any LSP offender presenting with symptoms is given both a flu test and COVID-19 test.
14. DOC is using infrared thermometers so that symptom screening and temperatures can be taken without touching the patient.
15. DOC has provided Personal Protective Equipment ("PPE") to staff and offenders where needed and indicated.
16. DOC has sent out to all DOC facilities a contingency plan that includes CDC guidelines on alternatives to use in case of PPE shortages.
17. DOC has issued COVID-19 specific guidelines and trained all state prisons regarding screening/isolation/quarantine/housing/Proper Use of PPE/staff precautions. (Revising and updating on rolling basis as CDC issues new information).
18. Each facility has quarantine and Isolation capabilities which are being used as needed.
19. DOC tracks all Influenza and COVID-19 testing done at each facility daily.
20. DOC has suspended visitation, volunteering, tours, transfers between prisons/ routine transfers from local level, and postponed the Angola spring rodeo all in effort to minimize movement.
21. DOC has required and ensured that ample hand sanitizer and soap are readily available at every state prison and have issued additional free bars of soap to offenders in state

prisons. (ongoing basis).

22. DOC has limited new intakes to only those who must be housed in a state prison. Each intake is screened and assessed for symptoms, and then quarantined for 14 days before being placed in general population.
23. DOC has created a COVID-19 webpage on its website, and updates it frequently with the latest information. This has proven useful for staff and offenders' families during this pandemic.
24. DOC has created two COVID-19 informational videos for offenders which include an introduction from Secretary LeBlanc and the Medical Director at LSP that gives an overview of DOC's response and proactive ways offenders can reduce risk of infection. (English, Spanish, Closed Caption, and ASL versions). One or both of these videos are played on loop at all prisons and are also available on the DOC website for families to view.
25. DOC and Securus are providing offenders in state-run prisons two (2) free 15-minute calls a week and two (2) free email stamps per week so that offenders can maintain communication with family and friends during this crisis.
26. DOC has suspended the \$250 minimum account balance requirement on offender banking accounts in state prisons.
27. DOC has conference calls every Monday, Wednesday, and Friday that include all DOC leadership, all Wardens, Louisiana State Police, and the Louisiana Sheriff's Association. These phone calls discuss updates from each institution, medical reports and updates, institutional reports, and strategy for continued management related to COVID-19.
28. DOC is in direct contact with the Louisiana Department of Health.

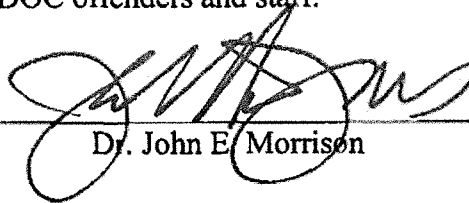
29. DOC is doing everything it can to prevent the spread of COVID-19. We are following the recommendations by the CDC and have pro-actively instituted reverse isolation. Reverse isolation is going above and beyond the recommendations of the CDC. LSP in particular, instituted these practices over two weeks ago. LSP's Medical Director and Staff are following all guidelines and have gone above and beyond what is recommended by the CDC.
30. If any offenders housed at DOC facilities test positive for COVID-19, they will be isolated at the facility in which they are housed. If any medical issues present that exceed the capabilities of DOC, the offender will be transported to a local hospital.
31. If a DOC offender housed at the local level tests positive for COVID-19 and there is no place to isolate them at the facility in which they are housed, they will be transported to Camp J at LSP for isolation.
32. Camp J will only be used for isolating offenders from the local level if there is no room for them.
33. Camp J will only be used for isolating offenders housed in a state run facility if the DOC institution where they are housed does not have room to isolate them.
34. Camp J will only be utilized if it becomes necessary.
35. Camp J is an isolated facility and not located near any other offender housing unit at LSP.
36. If it becomes necessary to open Camp J, the facility will be operated as an independent prison separate and apart from the rest of DOC and LSP.
37. During this period, Camp J will not be considered part of Angola.
38. The offenders and employees assigned to Camp J will not have interaction with other

employees or offenders of LSP so as to limit the potential for exposure to COVID-19.

39. The staff providing care to COVID positive offenders at Camp J will follow the guidelines provided by the CDC and will use the proper PPE while in contact with offenders.

40. COVID positive offenders will be under strict cell isolation. Every other cell will be utilized in order to maintain proper distancing. All food will be served on disposable trays with disposable utensils. All personal hygiene items will be provided to offenders in their cell and the items will be disposable.

41. In my professional medical opinion, the utilization of Camp J to house local offenders both medically appropriate and the most prudent course of action available to ensure the health and safety of DOC offenders and staff.

  
\_\_\_\_\_  
Dr. John E. Morrison

SWORN TO AND SUBSCRIBED before me, Notary, on the 1<sup>st</sup> day of April, 2020

  
\_\_\_\_\_  
Notary Public

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HEATHER HOOD #154621  
Parish of East Baton Rouge  
State of Louisiana  
My Commission is for Life



## CURRICULUM VITAE

### JOHN EDWARD MORRISON, JR, MD, FACS

**Current Title:** Professor of Clinical Surgery

**Business Address:** Louisiana State University Health Sciences Center  
School of Medicine  
Department of Surgery  
1542 Tulane Avenue, Room 734  
New Orleans, LA 70112

**Business Telephone and Fax:** (504) 568-4750 p; (504) 568-4633 f

**Business email Address:** [jmorr3@lsuhsc.edu](mailto:jmorr3@lsuhsc.edu)

**Home Address:** New Orleans, LA

**Birthdate and Birthplace:** April, 1953; New Orleans, LA

**Spouse and Children:** Spouse - Janice Loueve Hudson, MD  
Child - Sigourney Elizabeth Morrison

**Citizenship:** United States of America

#### Education

**Undergraduate:** Bachelor of Science in Zoology  
Louisiana State University  
Baton Rouge, LA  
09/1971 – 05/1975

**Graduate/Medical:** Medical Doctorate  
Louisiana State University Medical Center  
New Orleans, LA  
09/1975 – 05/1979

**Residency:** General Surgery Residency  
Charity Hospital System of Louisiana  
Louisiana State University Medical Center  
New Orleans, LA  
7/1979 – 6/1983



**John E. Morrison, Jr, MD, FACS**

**Other:** Clinical Externship  
Mercy Hospital  
New Orleans, LA  
1976 – 1977

Pathology Externship  
Charity Hospital System of Louisiana  
New Orleans, LA  
1978

Clinical Rotation  
Department of Developmental Therapeutics  
MD Anderson Hospital  
Houston, Texas  
9/1978

**Certification:**

American Board of Surgery, General Surgery  
Certificate #029379, Certification: February 28, 1984  
Recertification: October 22, 1993; October 18, 2002; December 2, 2013;  
Expiration: December 31, 2024

Certification Advanced Trauma Life Support, December 1985

Certification Advanced Cardiac Life Support, December 1985 - present

**Licensure:**

Louisiana State Board of Medical Examiners, License #015184  
June 14, 1979 – present

Alabama State Board of Medical Examiners, License #13240  
March 25, 1987 - present

**Academic, Professional, and Research Appointments**

**Academic Appointments:**

Clinical Instructor of Surgery, LSUHSC, Department of Surgery, New Orleans, LA, February 1983 – October 2007

Clinical Instructor, Community College, University of Alabama Medical School, Tuscaloosa, AL, May 1994 - October 2007

Associate Professor of Clinical Surgery, LSUHSC, Department of Surgery, New Orleans, LA, November 2007 – August 2017

Professor of Clinical Surgery, LSUHSC, Department of Surgery, New Orleans, LA, September 2017 - Present

Site Director, Medical Student Clerkship in General Surgery, Baton Rouge, LA, November 2009 – June 2012

**John E. Morrison, Jr, MD, FACS**

Member of Residency Training Graduate Medical Education Strategy Group for Collaboration of LSU with Our Lady of the Lake Hospital, Baton Rouge, LA, May 2010 – June 2012

Adjunct Associate Professor, Pennington Biomedical Research Center, Baton Rouge, LA, January 2012 – present

Vice Chair of Education, Department of Surgery LSUHSC, School of Medicine, New Orleans, LA, January 2012 – present

Cancer Liaison Person, Committee on Cancer, University Medical Center, New Orleans, LA, February 2013 – March 2016

Section Chief, General Surgery, Department of Surgery, LSUHSC, School of Medicine, New Orleans, LA, July 2013 - Present

**Professional Appointments:**

Chief of Surgery, Pointe Coupee General Hospital, New Roads, LA, August 1983 - August 1987

Solo Practice, General Surgery, New Roads, LA, August 1983 - September 1987

Intensive Care Unit Committee, Pointe Coupee General Hospital, New Roads, LA, December 1983 - August 1987

Pointe Coupee General Hospital, Chairman of committee (Planned and opened Intensive Care Unit), 1985

Pointe Coupee General Hospital, District Governing Board, member, New Roads, LA, August 1986 - August 1987

Intensive Care Unit Committee, Fayette County Hospital, Fayette, AL, September 1987 - September 1999

Solo Practice, General Surgery, Fayette, AL, September 1987 - October 2007

Chief of Surgery, Fayette Medical Center, Fayette, AL, September 1987 - October 2007

Chairman, Surgery and Blood Utilization Committee, Fayette Medical Center, Fayette, AL, September 1987 - October 2007

Medical Director, Advanced Cardiac Life Support, Fayette County Medical Center, 1988 - 1999

Quality Assurance Committee, Fayette County Hospital, Fayette, AL, September 1990 - September 1999

**John E. Morrison, Jr, MD, FACS**

Medical Director, Respiratory Therapy Department, Fayette Medical Center,  
Fayette, AL, September 1990 - Oct. 2007

President Fayette County Medical Center, Medical Staff,  
1990 -1993, 2001 - 2002

Member, Think Tank on Rural Medicine and Surgery, University of South  
Alabama, Mobile, AL, 1991 - 1994

Delegate to Alabama State Medical Association, 1991 - 1998

Partner/Owner/Developer Ambulatory Surgical Center, Lamar Regional Health  
Center, Sulligent, AL, April 2000 - January 2005

Member of Board, Society of Laparoendoscopic Surgeons  
2007, 2008, 2009, 2010, 2016 – 2019

Vice President: Society Laparoendoscopic Surgeons: September 2019

Head of Department of Minimally Invasive Surgery, Earl K Long Hospital, Baton  
Rouge, LA, November 2008 – June 2012

Editorial Board, Journal of the Society of Laparoendoscopic Surgeons, 2010 –  
present

Advisory Council, Cohn-Rives Surgical Society, 2010 - present

Member of Surgery Committee, University Medical Center, New Orleans, LA,  
November 2012 – Present

Medical/Mental Health Director Department of Corrections State of Louisiana  
April 2018 – Present

Member Louisiana Governor's Drug Policy Board  
April 2018 – Present

Member HOPE (Heroin Opioid Prevention Education) Council  
April 2018 – May 2019

**Hospital Appointments:**

Active Staff, full time, Pointe Coupee General Hospital, New Roads, LA  
August 1983 - August 1987

Active Staff, full time, Fayette County Medical Center, Fayette, AL  
September 1987 - November 2007

Associate staff member, Northwest Medical Center, Winfield, AL  
July 1992 - November 2007

Active Staff, full time, Earl K. Long Hospital, Baton Rouge, LA

**John E. Morrison, Jr, MD, FACS**

November 2007 – June 2012

Active Staff, University Medical Center, New Orleans, LA  
July 2012 – Present

Active Staff, Touro Infirmary, New Orleans, LA  
July 2012 – April 2018

Courtesy Staff, Touro Infirmary, New Orleans, LA  
April 2018 - Present

**Membership in Professional Organizations:**

Fellow            International College of Surgeons, October 1984 - present  
                      American College of Surgeons, October 1986 – present

Member           Louisiana State Medical Society, 1983 - 1987  
                      Pointe Coupee Parish Medical Society, 1983 - 1987  
                      Cohn-Rives Surgical Society, 1983 - present  
                      American Medical Association, 1983 - 1998  
                      Alabama State Medical Association, 1987 - present  
                      Southeast Surgical Congress, 1987 - present  
                      Society of Laparoendoscopic Surgeons, 1994 - present  
                      American Association of Gynecologic Laparoscopists,  
                              1998 - 2013  
                      Capital Area Medical Association, 2008 - present  
                      Southern Society of Clinical Surgeons, 2011 - 2015  
                      Southern Surgical Association, 2012 – present

**Awards and Honors:**

Member Alpha Epsilon Delta Honorary Pre-Medical Society, 1975

Recipient - Good Guy Award, Presented by junior medical school class, Louisiana State University Medical School, 1981

Recipient - Outstanding Young Fayette Countian by Fayette Jaycees, 1987 - 1988

Recipient - Selected as one of two surgeons in the State of Alabama, Group of 100 Advisory Committee to the American College of Surgeons, February, 1995

Member of the Year - Fayette Area Chamber of Commerce, 1996

Recipient - Kurt Semm Award for Excellence in Pelviscopy, November, Awarded by the American Association of Gynecologic Laparoscopists, 1998

Southeast Surgeons Leadership Council, Ethicon Endo-Surgery, Inc, 2000

**John E. Morrison, Jr, MD, FACS**

Honorable Mention, Gynecology Scientific Paper- Classic Intrafascial Supracervical Hysterectomy 11-year experience, by The Society of Laparoendoscopic Surgeons, New York, New York, October, 2004

Outstanding Faculty Member Award, Voted upon by Surgery Residents, LSUHSC, Department of Surgery, June 2009

Outstanding Faculty Teacher Award, Voted upon by Medical Students, LSUHSC, Department of Surgery, June 2010

President, Cohn-Rives Surgical Society, 2012

Outstanding Faculty Teaching Award, Voted upon by Medical Students, LSUHSC, Department of Surgery, June 2012

Outstanding Faculty Teaching Award, Voted upon by Medical Students, LSUHSC, Department of Surgery, June 2013

Paul Alan Wetter Award for Best Multispecialty Scientific Part. Minimally Invasive Surgery Week 2013, Annual Meeting and Endo Expo, Society of Laparoendoscopic Surgeons, August 28 - 31, 2013

Nominated for Aesculapean Award for Excellence in Teaching: Senior Medical Students, 2011, 2014, 2015, 2016

Nominated for Copping Award for Teaching, Residents, 2014

Nominated for the Gold Humanism Society, 2015

Clinical Preceptor of the Year, LSUHSC MPAS Class of 2015

Excel Award Winner: Society of Laparoendoscopic Surgeons, September 2017

Honorary Member; Romanian Society of Minimally Invasive Surgery in Gynecology: Arad, Romania: May 31 – June 2, 2016

Honorary Member; Bulgarian Association of Minimally Invasive Gynecological Surgery: Pleven, Bulgaria: September 25, 2019

**TEACHING EXPERIENCE AND RESPONSIBILITIES**

**Course/Clerkship/Residency or Fellowship/CME Directorships:**

Oversee the CME for the Department of Surgery, General Surgery with annual evaluation of needs and goals and monitor the CME yearly and at weekly conference.

Basic course in laparoscopy in conjunction with the Society of Laparoendoscopic Surgeons – As Co-Director of the course I have developed basic didactic lecture series on laparoscopy and complications in laparoscopy. Course offered to surgical departments in developing and underserved areas. Course has been taught in China,

**John E. Morrison, Jr, MD, FACS**

Romania, Bulgaria and Puerto Rico. Currently, I coordinate the courses with European countries.

**Curriculum Development/Implementation:**

General Surgery Residency Curriculum – As Director of Resident Education and in conjunction with the Program Director, the Teaching Chief Residents, and the Chairman, a two year rotating curriculum has been created for the education of the Surgery Residents. This involves the coordination of a clinical conference, didactic lectures, case presentations, grand rounds, basic science conference, and extra teaching materials. I also coordinate the topics for the ABSITE (American Board of Surgery in Training Exam) review material as developed by Dr. Jennifer Mooney.

**Formal Course Responsibilities:**

Prepare and disseminate the questions related to the surgical topic of the month for the three rotation sites (Baton Rouge, Lafayette, and New Orleans). Responsible for administering the questions, answers, and discussions in New Orleans; five hours/month

Surgical Intern Boot Camp – Created and developed three-day course (30 hours) for surgical interns consisting of didactics and skills relevant to the needs of a surgical intern. Coordinate the lectures, faculty participants, live animal skills lab, and cadaver labs. Give formal lectures on sutures, staplers, energy use in surgery, and laparoscopy. Course is mandatory for all surgical residents and includes integrated vascular and plastic surgical residents, Otolaryngology interns, and Ochsner Medical Center surgical residents; 60 hours/year.

Skills Course – Developed skills course for Family Medicine residents: One-day skills course consisting of basic suture, biopsy skills, and ultrasound skills. Coordinate curriculum and faculty participants; 10 hours/year.

Chair for Organizing Committee; Society of Laparoendoscopic Surgeons Annual Meeting, September 3-7, 2019; New Orleans, Louisiana. Organized academic day lectures, skills sessions and co-chair for plenary sessions at annual meeting.

**Departmental/Interdisciplinary Teaching Conferences**

Medical Student Skills Lab – Developed basic suture course for medical students in Baton Rouge. One day skills lab every six weeks, 11/2007 – 6/2012.

Biannual Live Pig Labs – Oversee, arrange curriculum, and supervise lower and upper level General Surgery residents and medical students, 11/2007 – present.

Grand Rounds – Oversee and coordinate faculty participation based on the established topic of the month. Attend weekly morbidity and mortality conference and actively monitor CME, 7/2012 – present.

Monthly “Topic of the Month” – Develop, administer questions, and discuss answers with General Surgery residents, 7/2012 - present.

**John E. Morrison, Jr, MD, FACS**

Surgery Interest Group – Speak to interested medical students regarding surgery and our program here at LSUHSC on an annual basis, 7/2012 - present.

Quarterly Cadaver Labs – Participate in quarterly cadaver dissection labs with the General Surgery residents and medical students, 7/2012 - present.

Journal Club – Monthly participation in review and discussion of journal articles selected for monthly topic, 7/2012 - present.

Tumor Board – Weekly interdisciplinary cancer conference overseeing case presentations, discussions, and dispositions on presented patients, 7/2012 – present.

**Teaching Awards:**

Outstanding Faculty Member Award – Surgery Residents, Department of Surgery, 2009

Outstanding Faculty Teacher Award - Medical Students, Department of Surgery, 2010

Outstanding Faculty Teacher Award - Medical Students, Department of Surgery, 2012

Outstanding Faculty Teacher Award - Medical Students, Department of Surgery, 2013

Nominated for Aesculapian Award for Excellence in Teaching – Senior Medical Students, 2011

Nominated for the Copping Award for Teaching Residents – 2014

Nominated for Aesculapian Award for Excellence in Teaching – Senior Medical Students, 2014

Nominated for Aesculapian Award for Excellence in Teaching – Senior Medical Students, 2015

Nominated for Aesculapian Award for Excellence in Teaching – Senior Medical Students, 2016

Nominated for the Gold Humanism Award by the Medical Students - 2015

Clinical Preceptor of the Year, LSUHSC, MPAS Class of 2015

**Undergraduate, Medical, or Graduate Students Trained:**

Research Advisor, Volker Jacobs, MD, 1997  
Intra-abdominal Temperature and Pressure Readings During Laparoscopy:  
Basic Research in Collaboration with Dr. Volker Jacobs Kiel, Germany, March -  
December 1997

Research Advisor, Zuomin Chen, MD  
Basics in Laparoscopic Surgery, March - December 1997

**Journal Publications****Refereed:**

1. **Morrison JE Jr.,** Jacobs VR, *Laparoscopy Assisted Endoscopic Bowel Anastomosis Stenosis Revision with Stapler. Report of 2 Cases.* "Surg Laparosc Endosc 1998;8(3):211-214.
2. **Morrison JE Jr.,** Jacobs VR, *Video-Thoracoscopy in a Community-based Hospital.* " Am Surg 1998;9:912.
3. Jacobs VR, **Morrison JE Jr.,** Mettler L, Jonat W, Harder D: „*Specific Resistance of Veress Needles, Disposable and Reusable Trocars Limiting CO<sub>2</sub> Gas Flow Performance in Pelviscopy and Laparoscopy.*“ Min Invas Ther Allied Technol 1999;8(1):37-47.
4. Jacobs VR, **Morrison JE Jr.,** Mettler L, Mundhenke C, Jonat W: „*Measurements of CO<sub>2</sub> Hypothermia during Laparoscopy and Pelviscopy: How Cold It Gets and How to Prevent It.*“ J Am Assoc Gynecol Laparosc 1999;6(3):289-295.
5. Jacobs VR, **Morrison JE Jr.,** Mundhenke C, Golombeck K, Jonat W: „*Intraoperative Evaluation of Laparoscopic Insufflation Technique for Quality Control in the O.R.*“ J Soc Laparoendosc Surg 2000;4(3):189-195.
6. Jacobs VR, **Morrison JE Jr.,** Mundhenke C, Jonat W, Harder D: „*Model to Determine Resistance and Leakage Depending Flow on Flow Performance of Laparoscopic Insufflators to Predict Gas Flow Rate of Cannulas.*“ J Am Assoc Gynecol Laparosc 2000;7(3):331-337.
7. Jacobs VR, **Morrison JE Jr.:** „*The Clinical Impact of Warmed Insufflation Carbon Dioxide Gas for Laparoscopic Cholecystectomy.*“ Surg Endosc 2001; 15(10):1247-1248.
8. **Morrison JE Jr.,** Jacobs VR: „*437 Classic Supracervical Intrafascial Hysterectomies in 8 Years.*“ J Am Assoc Gynecol Laparosc 2001;8(4):558-567.
9. **Morrison JE Jr.,** Jacobs VR: „*Classic intrafascial supracervical hysterectomy.*“ J Am Assoc Gynecol Laparosc 2002;9(3):397-398.
10. **Morrison JE Jr.,** Jacobs VR: „*Reduction or Elimination of Postoperative Pain Medication after Mastectomy through Use of a Temporarily Placed Local Anesthetic Pump vs. Control Group.*“ Zbl Gynäkol 2003; 125(1):17-22.
11. **Morrison JE Jr.,** Jacobs VR: „*Replacement of Expensive, Disposable Instruments With Cheap, Old-fashioned Surgical Techniques for Improved Cost-effectiveness in Laparoscopic Hysterectomy.*“ JSLS 2004;8(2):201-206.
12. **Morrison JE Jr.,** Jacobs VR: „*Outpatient Laparoscopic Hysterectomy in a Rural Ambulatory Surgery Center.*“ J Am Assoc Gynecol Laparosc 2004;11(3):359-364.



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13. Jacobs VR, **Morrison JE Jr.**, Kiechle M: „*Twenty-Five Simple Ways to Improve Insufflation Performance and Patient Safety in Laparoscopy.*” J Am Assoc Gynecol Laparosc 2004;11(3):410-423.
14. Jacobs VR, **Morrison JE Jr.**, Paepke S, Kiechle M: „*Body Piercing Affecting Laparoscopy: Perioperative Precautions.*” J Am Assoc Gynecol Laparosc 2004;11(4):537-541.
15. Jacobs VR, Kiechle M, **Morrison JE Jr.**: „*Carbon Dioxide Gas Heating Inside Laparoscopic Insufflators has no Effect.*” JSLS 2005;9(2):208-212.
16. **Morrison JE Jr.**, Jacobs VR: „*Classic Intrafascial Supracervical Hysterectomy (CISH): 10-Year Experience.*” JSLS 2006;10(1):26-29.
17. Jacobs VR, **Morrison Jr JE**, Paepke S, Fischer T, Kiechle M: „*Three-Dimensional Model for Gas Flow, Resistance and Leakage-Dependent Nominal Pressure Maintenance of Different Laparoscopic Insufflators.*” J Minim Invasive Gynecol 2006;13(3):225-230.
18. Jacobs VR, **Morrison JE Jr.**: „*Application of a Locally Placed Anaesthesia Catheter to Reduce Postoperative Pain after Mastectomy for Breast Cancer.*” Int J Fertil Womens Med 2006;51(5):(in print).
19. Jacobs VR, **Morrison JE Jr.**: „*The Real Intraabdominal Pressure during Laparoscopy: Comparison of Different Insufflators.*” J Minim Invasive Gynecol 2007;14(1):103-107.
20. **Morrison JE Jr.**, Jacobs VR: „*Rupture of Spleen with use of Harmonic Scalpel: Case report of an unexplained complication.*” JSLS 2007;11(2): 268-271.
21. **Morrison JE Jr.**, Jacobs VR: „*Laparoscopic Preperitoneal Inguinal Hernia Repair, using Preformed Polyester Mesh without Fixation: Prospective study with 1-year Follow-up results in a rural setting.*” Surgical Laparoscopy Endoscopy Percutaneous Techniques; Feb. 2008, Vol. 8 No. 1 33-39.
22. Jacobs VR, **Morrison JE Jr.**: „*Comparison of institutional costs for laparoscopic preperitoneal inguinal hernia vs. open repair and reimbursement in an ambulatory surgery center.*” Surgical Laparoscopy Endoscopy Percutaneous Techniques; Feb. 2008, Vol. 8 No.1 70-74.
23. **Morrison, JE Jr**, Hodgdon, I: “Laparoscopic Management of Obstructing Small Bowel GIST Tumor”. JSLS 2013; 17(4): 645-650.
24. Maul, L.V., **Morrison, J.E.**, Schollmeyer, T., Alkatout, I., Mettler, L., “Surgical Therapy of Ovarian Endometrioma: Recurrence and Pregnancy Rates” JSLS; 2014; 18(3):1-8.

**Non-refereed:**

1. Jacobs VR, **Morrison JE Jr.**, *Computer in the O.R. for Quality Control: Intraoperative Data Acquisition Model for Laparoscopy.*” In: Westwood JD,

Hoffman HM, Stredney D, Weghorst SJ (Hrsg.): Medicine Meets Virtual Reality. Art Science, Technology: Healthcare (R)Evolution. IOS Press, Amsterdam, Netherlands 1998, Stud Health Technol Inform 1998;50:359-360.

2. **Morrison, JE Jr.**, "Letter to the Editor": Journal of Minimally Invasive Gynecology; January/February 2010; Volume 17, No.1 .
3. **Morrison, JE Jr.**, Jacobs, VR "Insufflation Safety" Outpatient Surgery Magazine; March 2011. pp. 24-25.
4. **Morrison, J:** Use of EEA Stapler in Endometriosis Resection: Monograph on Endometriosis; Publication: Storz Endoscopy 2016.

#### Book Chapters:

1. **Morrison J, Jacobs V.** *Laparoscopic vaginal-sacral-culposuspension. Alternative technique for repair of cystocele, vaginal and uterine prolapse and incontinence*. In: Montori A, Lirici MM, Montori J: 6<sup>th</sup> World Congress of Endoscopic Surgery. Rome, Italy, 3.-6. June 1998. Oral Communications, Posters and Videos. Monduzzi Editore, Bologna, Italy 1998, 747-749.
2. **Morrison J, Jacobs V.** *Laparoscopic repair of large (greater than 7 cm) and recurrent diaphragmatic hernia defect with bovine pericardium.* In: Montori A, Lirici MM, Montori J: 6<sup>th</sup> World Congress of Endoscopic Surgery. Rome, Italy, 3.-6. June 1998. Oral Communications, Posters and Videos. Monduzzi Editore, Bologna, Italy 1998, 957-959.
3. **Morrison J, Jacobs V.** *Laparoscopically assisted endoscopic bowel anastomosis stenosis revision with stapler.* In: Montori A, Lirici MM, Montori J: 6<sup>th</sup> World Congress of Endoscopic Surgery. Rome, Italy, 3.-6. June 1998. Oral Communications, Posters and Videos. Monduzzi Editore, Bologna, Italy 1998, 809-811.
4. Jacobs VR, **Morrison JE Jr.**, Mundhenke C, Golombeck K, Mettler L, Jonat W. *Qualitätssicherung durch Computer im OP: Intraoperatives Datenerfassungsmodell für die laparoskopische Insufflationstechnik.* In: Mettler L (Hrsg.): Endometriose 2000. PMI-Verlag, Frankfurt 2000, Seite 189-201.
5. Jacobs VR, Harder D, **Morrison JE Jr.**, Mundhenke C, Mettler L, Jonat W. *Einfluss von Strömungswiderständen auf die Gasflussleistung in der Laparoskopie.* In: Mettler L (Hrsg.): Endometriose 2000. PMI-Verlag, Frankfurt 2000, Seite 202-219.
6. **Morrison JE Jr.**, Jacobs VR. *Langzeiterfahrungen mit 320 Classischen Intrafaszialen Supracervikalen Hysterektomien (CISH) am Fayette Medical Center, Alabama, USA.* In: Mettler L (Hrsg.): Endometriose 2000. PMI-Verlag, Frankfurt 2000, Seite 309-322.
7. **Morrison JE Jr.** CISH Hysterectomy (15 Year Experience in Rural US)“ in: Mettler, L. Manual of New Hysterectomy Techniques. Jaypee Brothers 2007, New Delhi, India, Seite 102-107.

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8. Hasson, Harrith, **Morrison, John E.** "The Role of Simulation Training and Skill Evaluation in Maintenance of Certification" Prevention and Management of Laparoendoscopic Complications, 3<sup>rd</sup> Edition; Society of Laparoendoscopic Surgeons 2011.
9. Mettler, Lisolette, **Morrison, John E.** Classic Intrafascial Supracervical Hysterectomy (CISH Technique); Prevention and Management of Laparoendoscopic Complications, 3<sup>rd</sup> Edition; Society of Laparoendoscopic Surgeons 2011.
10. **Morrison, John E.** "General Surgery Conditions and Techniques for Gynecologic Surgeons; Practical Manual for Laparoscopic and Hysteroscopic Gynecological Surgery; 2<sup>nd</sup> Edition; Kiel School of Gynecological Endoscopy 2013, Jaypee Brothers Medical Publishers; Pages 125-137
11. **Morrison, John E.** "General Surgery Conditions and Techniques for Gynecologic Surgeons; Practical Manual for Laparoscopic and Hysteroscopic Gynecological Surgery; 3<sup>rd</sup> Edition; Kiel School of Gynecological Endoscopy 2019, Jaypee Brothers Medical publishers; Pages 181-198

**Scientific Exhibits:**

1. The Society for Minimally Invasive Therapy (SMIT) 1998: Jacobs VR, **Morrison JE Jr.**, Mettler L, Jonat W: „*Standard body temperature warming devices can prevent systemic hypothermia during laparoscopic procedures.*“ 10<sup>th</sup> Annual International Meeting of the Society for Minimally Invasive Therapy (SMIT), London, England; 3.-5. September 1998.
2. Jerome J. Hoffman-Award THE American Association of Gynecologic Laparoscopists (AAGL) 1998: Jacobs VR, **Morrison JE Jr.**, Mettler L, Jonat W: „*Intraoperative Measurements on Laparoscopic and Pelviscopic Hypothermia: How Cold Does It Get and How to Prevent It.*“ 27<sup>th</sup> Annual Meeting of the American Association of Gynecological Laparoscopists (AAGL), Atlanta, GA, USA, 10.-15. November 1998.
3. The American Association of Gynecologic Laparoscopists (AAGL) 1998: Jacobs VR, Harder D, **Morrison JE Jr.**, Mettler L, Jonat W: „*Technical Aspects of Pneumoperitoneum: Limiting Factors on Performance of Cannulas and Insufflators in Laparoscopy and Pelviscopy.*“ Poster, 27<sup>th</sup> Annual Meeting of the American Association of Gynecological Laparoscopists (AAGL), Atlanta, GA, USA, 10.-15. November 1998.
4. THE American Association of Gynecologic Laparoscopists (AAGL) 1998: Jacobs VR, **Morrison JE Jr.**, Mettler L, Jonat W: „*Intraoperative Measurements on Laparoscopic and Pelviscopic Hypothermia: How Cold Does It Get and How to Prevent It.*“ 27<sup>th</sup> Annual Meeting of the American Association of Gynecological Laparoscopists (AAGL), Atlanta, GA, USA, 10.-15. November 1998.
5. THE American Association of Gynecologic Laparoscopists (AAGL) 1999: Jacobs VR, **Morrison JE Jr.**, Mundhenke C, Golombeck K, Jonat W, D Harder: „*Model to Determine Resistance and Leakage Depending Flow on Flow Performance of Insufflators to Predict Gas Flow Rate of Cannulas.*“ 28<sup>th</sup> Annual Meeting of the

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American Association of Gynecological Laparoscopists (AAGL), Las Vegas, NV, USA, 7.-11. November 1999.

6. Poster Award of Distinction THE Society of American Gastroendoscopic Surgeons (SAGES) 2000: Jacobs VR, **Morrison JE Jr.**, Mundhenke C, Maass N, Jonat W: „*The Real Intraabdominal Pressure during Laparoscopy: How Reliable is Insufflation Technique?*” SAGES 2000 Meeting, Atlanta, GA, USA, 28. March - 01. April 2000.

**Electronic Media:**

Live Telesurgery broadcasted to national training courses:

- Laparoscopic Nissen, 2000
- Laparoscopic Colon Resection, 2000
- Laparoscopic CISH Hysterectomy, 2001

**Scientific Presentations**

**Local:**

1. Care of Chest Tubes for Nurses, Southern Baptist Hospital, New Orleans, Louisiana, 1980.
2. Lung Cancer, Risks and Treatment: Health Fair, New Roads, LA, 1985.
3. State of The Art Laparoscopic Surgery, Fayette Progress Club, Fayette, AL, 1992.
4. I am Finished With My Residency, Now What?” Career planning for General Surgery; June 2, 2011.
5. Suture Basics; Suture Techniques and Knot Tying; Electrocautery Basics; First Year Intern Boot Camp, July 27, 28 2011 Earl K Long Hospital, Baton Rouge, LA.
6. “Surgical Intern Boot Camp”; Academy for the Advancement of Educational Scholarship, October 13, 2011; Louisiana State University Health Sciences Center, New Orleans, LA.
7. Stapling Basics; Intern Boot Camp: July 19, 2012; July 18, 2013, July 17, 2014; July 16, 2015, July 14, 2016, July 13, 2017, July 19, 2018, July 26, 2019
8. Energy in Surgery; Intern Boot Camp: July 20 2012, July 19, 2013, July 18, 2014, July 17, 2015, July 15, 2016, July 14, 2017, July 20, 2018, July 26, 2019
9. Laparoscopy Basics; Intern Boot Camp: July 21 2012, July 20, 2013, July 19, 2014, July 18, 2015, July 16, 2016, July 15, 2017, July 21, 2018, July 25, 2019
10. Knot Tying Techniques; Intern Boot Camp: July 16, 2015.
11. Chest tube basics; Intern Boot Camp: July 25, 2019
12. Endoscopy Basics/Conscious Sedation; Intern Boot Camp: July 26, 2019

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**National:**

1. Rural Surgery Overview, American Association of Family Physicians, Houston, TX, 1993.
2. Laparoscopic Hysterectomy: CISH Technique, Think Tank, University of South Alabama, Mobile, AL, 1994.
3. Laparoscopic CISH Hysterectomy, Downtown New York Hospital, Manhattan, NY, February 1996.
4. Forty Years of Surgery Past, Present and Future, Fayette Medical Center, Fayette, AL, 1998.
5. **Morrison JE Jr., Jacobs VR.** *Reduction or Elimination of Postoperative Pain Medication After Mastectomy through Use of a Temporarily Placed Local Anesthesia Pump vs. Control Group.* 34<sup>th</sup> Congress of the Society of Gynecologic Oncology (SGO), New Orleans, LA, USA, 31. January - 04. February 2003. Abstrakt in: *Gynecol Oncol* 2003;88:215-216.
6. Laparoscopic Preperitoneal Inguinal Hernia Repair using Preformed Polyester Mesh. Without Fixation, American Hernia Society, San Diego, CA, February 2005.
7. Evolution of Laparoscopic Hysterectomy: 2<sup>nd</sup> Euro-American Multispecialty Congress, Miami, FL, February 2005.
8. Bowel Injuries: Avoiding and Treating in Laparoscopic Surgery. Tripler Army Hospital; Honolulu, Hawaii; March 7-10, 2019
9. Synthetic Cannabinoids and Cathinones: Louisiana Correctional Association: Lake Charles, Louisiana; October 2018
10. Hepatitis C Elimination Project: Louisiana Correctional Association: Lake Charles, Louisiana; October 2019

**International:**

1. Laparoscopic and Thoracoscopic Surgery in the U.S. Guangzhou, China, 1996.
2. **Morrison JE Jr., Jacobs VR.** *Laparoscopy Assisted Endoscopic Bowel Anastomosis Stenosis Revision with Stapler.* 6<sup>th</sup> World Congress of Endoscopic Surgery, Rome, Italy, 3.-6. June 1998. Abstrakt in: *Surg Endosc* 1998;12:712 (P.213).
3. Alternative Technique for Cystocele, vaginal and uterine Prolapse and Incontinence: Laparoscopic Vaginal-Sacral-Culpo Suspension. 6<sup>th</sup> World Congress of Endoscopic Surgery, Rome, Italy, 3-6 June 1998. Abstrakt in: *Surg Endosc* 1998;12:639 (O.647).

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4. Closure of Large or Recurrent Diaphragm Hernias with Bovine Pericardium." 6<sup>th</sup> World Congress of Endoscopic Surgery, Rome, Italy, 3-6 June 1998. Abstrakt in: Surg Endosc 1998;12:595 (O.437).
5. Classic Intrafascial Supracervical Hysterectomies in 9 Years." Congress of Gynecological Endoscopy and Innovative Surgery (ISGE, ESGE, AGE), Berlin, Germany 26-28 April 2002.
6. Postoperative Pain Reduction after Mastectomy using Temporary Local Anesthetic Pump." World Meeting on Minimally Invasive Surgery in Gynecology, 2<sup>nd</sup> SEGI Meeting, Rome, Italy, 24-28 June 2003.
7. Outpatient Laparoscopic CISH Hysterectomy, Safety and Cost Effectiveness." World Meeting on Minimally Invasive Surgery in Gynecology, 2<sup>nd</sup> SEGI Meeting, Rome, Italy, 24-28 June 2003.
8. Classic intrafascial supracervical hysterectomy (CISH)-10 year experience." World Meeting on Minimally Invasive Surgery in Gynecology, 2<sup>nd</sup> SEGI Meeting, Rome, Italy, 24-28 June 2003.
9. CISH Hysterectomy in Rural U.S.A. 15 Year Experience" International Symposium on Hysterectomies Where do we go from here? Kiel School of Gynaecological Endoscopy, Kiel, Germany. June 7<sup>th</sup> to 10<sup>th</sup>; 2007.
10. "Subtotal Hysterectomy" 2008 Indo-German Training Course in Gynaecological Endoscopic Surgery, June 8<sup>th</sup>- 18<sup>th</sup>, 2008, Kiel, Germany.
11. "Outpatient CISH Hysterectomy" Annual Meeting of German Society of Gynaecological Endoscopy, June 13<sup>th</sup>-15<sup>th</sup>, 2008 Bonn, Germany.
12. "Laparoscopy in Paediatrics" National Children's Hospital, April 19<sup>th</sup>, 2010 Phnom Penh, Cambodia.
13. "Laparoscopy Update" Khmer Soviet Friendship Hospital, April 20<sup>th</sup>, 2010 Phnom Penh, Cambodia.
14. "Medical Education and Laparoscopy in the US" Kossomak Hospital, April 22<sup>nd</sup>, 2010 Phnom Penh, Cambodia.
15. "General Surgery Pearls for Gynaecologists" ISGE 19<sup>th</sup> Annual Congress , AGES XX Annual Scientific Meeting; May 26 – 29, 2010, Sydney, Australia,
16. "General Surgery Tips for Gynaecologists" Indo – German Training Course in Gynecological Endoscopic Surgery, June 8 – 18, 2010; Kiel, Germany
17. "General Surgery Issues for Gynaecologists" Indo – German Laparoscopic Training Course in Endoscopic Surgery, May 16<sup>th</sup>- 21<sup>st</sup> 2011; Kiel, Germany.
18. General Surgery Issues in GYN Surgery: Abdominal Wall and Pelvis and Safety Issues; Third Global Conference of CPP and Minimally Invasive Surgery. May 19, 2012; Peking University Third Hospital, Beijing, China.

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19. General Surgery Issues in GYN Surgery: Abdominal Wall and Pelvis, Safety And Special Problems, Non-Gynecologic Pelvic Organs; Conference on Pelvic Pain Endoscopic Surgery and Surgical Skills in Gynaecology. May 24 – 27, 2012 Second Affiliated Teaching Hospital of Xi'an Jiaotong University, Xi'an China.
20. General Surgery Issues for Gynaecologists, Indo – German Training Course in Endoscopic Surgery, June 4 – 8, 2012.
21. General Surgery Issues for Gynaecologists; Indo-German Training Course in Laparoscopy; Kiel School of Gynaecological Endoscopy; Kiel, Germany June 3-9, 2013.
22. General Surgery Issues for Gynaecologists; Indo-German Training Course in Laparoscopy; Kiel School of Gynaecological Endoscopy; Kiel, Germany, June 2 - 6, 2014.
23. General Surgery Issues for Gynaecologists; Indo-German Training Course in Laparoscopy; Kiel School of Gynaecological Endoscopy; Kiel, Germany, May 4 – 9, 2015.
24. Safe Entry techniques in Minimally Invasive Surgery; Preconference Course of Laparoscopic Surgery; University of Medicine and Pharmacy Victor Babes, Timisoara, Romania, September 21, 2015.
25. Energy Use in Laparoscopy; Preconference Course of Laparoscopic Surgery; University of Medicine and Pharmacy Victor Babes, Timisoara, Romania, September 21, 2015.
26. "Surgical Surprises" Preconference Course of Laparoscopic Surgery; University of Medicine and Pharmacy Victor Babes, Timisoara, Romania, September 23, 2015.
27. Adhesive Disease Surgical Approach; Preconference Course of Laparoscopic Surgery, University of Medicine and Pharmacy, Victor Babes, Timisoara, Romania, September 22, 2015.
28. Pelvic Pain: General Surgical Causes and Treatment; First Academic Conference Minimally Invasive Surgery; Huashan Hospital North; Fudan University, Shanghai, China; November 11, 2015.
29. Energy Use in Laparoscopy; SLS Experts Tips and Tricks in MIS; Escuela De Medicina, Universidad De Puerto Rico, San Juan, Puerto Rico, March 18, 2016.
30. Adhesions: Causes and Prevention; SLS Experts Tips and Tricks in MIS; Escuela De Medicina, Universidad De Puerto Rico, San Juan, Puerto Rico, March 18, 2016.
31. Adhesions: When to Cut! ; SLS Experts Tips and Tricks in MIS; Escuela De Medicina, Universidad De Puerto Rico, San Juan, Puerto Rico, March 18, 2016.
32. Management of Complications in Laparoscopy; SLS Experts Tips and Tricks in MIS; Escuela De Medicina, Universidad De Puerto Rico, San Juan, Puerto Rico, March 18, 2016.

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33. SLS Tips and Tricks: Vascular and Bowel Injuries Recognition and Treatment; ISGE Annual Meeting, Opatija, Croatia, May 27, 2016.
34. SLS Tips and Tricks: Adhesions: When to Cut; AL III-LEA Congress National de Chirurgie Minim Invaziva in Ginecologie, Timisoara, Romania, May 31, 2016.
35. SLS Tips and Tricks: Vascular and Bowel Injuries Recognition and Treatment; AL III-LEA Congress National de Chirurgie Minim Invaziva in Ginecologie, Arad, Romania, June 1, 2016.
36. SLS Tips and Tricks: Vascular and Bowel Injuries Recognition and Treatment; Congresul National de Chirurgie, Sinaia, Romania, June 2, 2016.
37. General Surgery Issues for Gynaecologists; Indo-German Training Course in Laparoscopy; Kiel School of Gynaecological Endoscopy; Kiel, Germany, June 6 - 10, 2016.
38. Vascular Injury Recognition and Treatment; Beijing 2<sup>nd</sup> Huaxia Minimally Invasive Medical Forum; Beijing, China, October 22, 2016
39. Vascular Injury Recognition and Treatment; Hunan Provincial People's Hospital; Hunan, China, October 25, 2016
40. Vascular Injury, Energy Use in Laparoscopy; China-American Multispecialty Summit Shenzhen, Guangdong, China, October 28,29 2016
41. Vascular Injury Recognition and Treatment; Fudan University Huashan North Hospital; Shanghai, China, April 14, 2017
42. Vascular Injury Recognition and Treatment; Nanjing Maternity and Child Hospital; Nanjing, China, April 15, 2017
43. General Surgery Issues for Gynaecologists; Indo-German Training Course in Laparoscopy; Kiel School of Gynaecological Endoscopy; Kiel, Germany, May 1-7, 2017
44. Energy Use in Laparoscopy, Vascular Injury Recognition and Treatment; AL IV-LEA Congress National de Chirurgie Minim Invaziva in Ginecologie, Timisoara, Romania, October 3, 2017.
45. General Surgery Issues for Gynecologists; Indo-German Training Course in Laparoscopy; Kiel School of Gynaecological Endoscopy; Kiel, Germany, May 6-10, 2018
46. Bowel Injuries; Vascular Injuries; Troubleshooting in Laparoscopy; General Surgery Causes Pelvic Pain; University of Plevan; Plevan, Bulgaria, September 25-26, 2019
47. Bowel Injuries; Surgical Surprises; 11<sup>th</sup> Annual Meeting Society of European Robotic Gynaecologic Surgeons; Sofia, Bulgaria, September 26-28, 2019



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**CME (Local):**

1. Grand Rounds LSUHSC Department of Surgery, New Orleans, LA, July 2012; Laparoscopic Inguinal Hernia Repair.
2. Grand Rounds LSUHSC Department of Surgery, New Orleans, LA, December 2012; Surgery of the Adrenal Gland.
3. Grand Rounds LSUHSC Department of Surgery, New Orleans, LA, June 2013: Gastro-Esophageal Reflux and Hiatal Hernia.
4. Grand Rounds LSUHSC Department of Surgery, New Orleans, LA, Complications of Gall Bladder Surgery, May 8, 2014.
5. Grand Rounds LSUHSC Department of Surgery, New Orleans, LA, Adrenal Mass Evaluation and Workup, December 18, 2014.
6. Grand Rounds, LSUHSC, Department of Surgery, New Orleans, LA, Sarcoma: Evaluation and Treatment; September 17, 2015.
7. Grand Rounds, LSUHSC, Department of Surgery, New Orleans, LA, Laparoscopic Hysterectomy, February 25, 2016.
8. Grand Rounds, LSUHSC, Department of Surgery, New Orleans, LA, Atypical Hernias and Mesh, July 28, 2016.
9. Grand Rounds, LSUHSC, Department of Surgery, New Orleans, LA, Parathyroid Gland, May 11, 2017
10. Grand Rounds, LSUHSC, Department of Surgery, New Orleans, LA, Practice Information, June 22, 2017
11. Grand Rounds, LSUHSC, Department of Surgery, New Orleans, LA, Complications In Laparoscopy, July 6, 2017
12. Cohn – Rives Society Lecture; Corrections Medicine, They Do What? March 22, 2019

**CME (National):**

1. Laparoscopic Vaginal-Sacral-Culpo Suspension. Alternative Technique for Cystocele, Vaginal and Uterine Prolapse and Incontinence." Endo Expo '97, 6<sup>th</sup> Annual Meeting of the Society of Laparoendoscopic Surgery (SLS), Orlando, FL, USA, 3-6 December 1997. Abstract in: J Soc Laparoendosc Surg (JSLS) 1997;1(4):386-387.
2. Classic Intrafascial Semm Hysterectomy (C.I.S.H.). 5 Years Experience in a Community Hospital." Endo Expo '97, 6<sup>th</sup> Annual Meeting of the Society of

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Laparoendoscopic Surgeons (SLS), Orlando, FL, USA, 3-6 December 1997. Abstrakt in: J Soc Laparoendosc Surg (JSLS) 1997;1(4):386.

3. **Morrison JE Jr., Jacobs VR.** *Five Years Experience of Laparoscopic Hysterectomy (CISH) in a Community Hospital in Alabama.* " 66<sup>th</sup> Southeastern Surgical Congress (SESC), Atlanta, GA, USA, 2.-4. February 1998.
4. **Morrison JE Jr., Jacobs VR.** *Laparoscopic Vaginal-Sacral-Culpo Suspension (LVSCS): Alternative Procedure for Prolapse & Incontinence.* " 66<sup>th</sup> Southeastern Surgical Congress (SESC), Atlanta, GA, USA, 2.-4. February 1998.
5. *Classic Intrafacial Supracervical Hysterectomy.* " 27<sup>th</sup> Annual Meeting of the American Association of Gynecological Laparoscopists (AAGL), Atlanta, GA, USA, 10-15 November 1998. Abstract in: J Am Assoc Gynecol Laparosc 1998;5(3) Suppl:S33
6. **Morrison JE Jr., Jacobs VR.** *Technical Aspects and Retrospective Evaluation of Classic Intrafascial Supracervical Hysterectomy after 277 Cases.* " Endo Expo '98, 7<sup>th</sup> Annual Meeting of the Society of Laparoendoscopic Surgeons (SLS), San Diego, CA, USA, 9.-12. December 1998. Abstrakt in: J Soc Laparoendosc Surg 1998;2(4):350.
7. **Morrison JE Jr., Jacobs VR.** *New Procedure of Bowel Anastomosis Stenosis Revision with Stapler.* " Endo Expo '98, 7<sup>th</sup> Annual Meeting of the Society of Laparoendoscopic Surgeons (SLS), San Diego, CA, USA, 9.-12. December 1998. Abstrakt in: J Soc Laparoendosc Surg 1998;2(4):374.
8. **Morrison JE Jr., Jacobs VR.** *Experience with more than 300 CISH Procedures.* " 28<sup>th</sup> Annual Meeting of the American Association of Gynecological Laparoscopists (AAGL), Las Vegas, NV, USA, 7.-11. November 1999. Abstract in: J Am Assoc Gynecol Laparosc 1999;6(3)Suppl:S38-39.
9. *Real Intraabdominal Pressure during Laparoscopy: Intraoperative Data-Acquisition Model for Quality Control Study.* " 28<sup>th</sup> Annual Meeting of the American Association of Gynecological Laparoscopists (AAGL), Las Vegas, NV, USA, 7-1. November 1999. Abstract in: J Am Assoc Gynecol Laparosc 1999;6(3)Suppl:S39.
10. **Morrison JE Jr., Jacobs VR.** *New Method of Closure of Large or Recurrent Diaphragm Hernias with Bovine Pericardium (Periguard®).* " Endo Expo '99, 8<sup>th</sup> Annual Meeting of the Society of Laparoendoscopic Surgeons (SLS), New York, NY, USA, 4.-7. December 1999. Abstrakt in: J Soc Laparoendosc Surg 2000;4(1):80 (P025).
11. **Morrison JE Jr., Jacobs VR, Kiechle M.** *Measurements of Intraabdominal Pressure in Laparoscopy: Which Manipulations Do Effect the Pressure and How Much?* " 10<sup>th</sup> Annual Congress of the International Society for Gynecologic Endoscopy (ISGE), Chicago, IL, USA, 28.-31. March 2001.
12. *Operative Modifications of the Classic Intrafascial Supracervical Hysterectomy (MISH) for Improved Cost Effectiveness.* " 11<sup>th</sup> Endo Expo 2002, 11<sup>th</sup> International Congress of the Society of Laparoendoscopic Surgeons (SLS), New Orleans, LA, USA, 10-14 September 2002. J Soc Laparoendosc Surg 2002;6(3):261-262.

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13. Outpatient Laparoscopic CISH Hysterectomy, Safety and Cost Effectiveness." Global Congress of Gynecologic Endoscopy, 32<sup>nd</sup> Annual Meeting of the American Association of Gynecologic Laparoscopists (AAGL), Las Vegas, NV, USA, 19-22 November 2003. Abstract in: JAAGL 2003;10(3 Suppl):S42.
14. Classic Intrafascial Supracervical Hysterectomy (CISH): 10 Years Experience." Global Congress of Gynecologic Endoscopy, 32<sup>nd</sup> Annual Meeting of the American Association of Gynecologic Laparoscopists (AAGL), Las Vegas, NV, USA, 19-22 November 2003.
15. CISH hysterectomy 11 year experience, 13<sup>th</sup> International Congress and Endo Expo 2004 and SLS Annual Meeting September 2004, New York, NY.
16. CISH hysterectomy 15 year perspective." 15<sup>th</sup> International Congress and Endo Expo 2006 and SLS Annual Meeting, September 6-9, 2006, Boston, MA, USA. JSLS 2006;10(3 Suppl):S27-28.
17. Laparoscopic preperitoneal inguinal hernia repair using performed polyester mesh without fixation, 4 year study." 15<sup>th</sup> International Congress and Endo Expo 2006 and SLS Annual Meeting, September 6-9, 2006, Boston, MA, USA. JSLS 2006; 10(3 Suppl):S28-29.
18. "Harmonic Scalpel use in Thoracoscopy and Pulmonary Resection" 16<sup>th</sup> International Congress and Endo Expo 2007 and SLS Annual Meeting, September 5-8, 2007, San Francisco, CA, USA.
19. "Cervical Remnant in CISH Hysterectomy" 16<sup>th</sup> International Congress and Endo Expo 2007 and SLS Annual Meeting, September 5-8, 2007, San Francisco, CA, USA.
20. "Keys to A Successful Surgical Practice" 17<sup>th</sup> International Congress and Endo Expo 2008 and SLS Annual Meeting; Masters Class in Laparoscopic General Surgery, Joint Session: SLS and SAGES, September 17, 2008, Chicago, IL, USA.
21. "Pelvic and Lower Abdominal Pain, Adhesions, Bowels and Hernias" 17<sup>th</sup> International Congress and Endo Expo 2008 and SLS Annual Meeting; Masters Class in Treatment of Adhesions for the General Surgeon, Gynaecologist, and Urologist, Joint Session: SLS and IPPS, September 17, 2008, Chicago, IL, USA.
22. "Masters Class: A Hands On Course on Laparoscopic Suturing in The Vertical Zone" International Congress and Endo Expo 2008 and SLS Annual Meeting, September 17, 2008, Chicago, IL, USA.
23. "Masters Class: Hands on Course on Laparoscopic Suturing in The Vertical Zone" International Congress and Endo Expo 2009 and SLS Annual Meeting, September 9, 2009, Boston, MA, USA.
24. "Keys to a Successful Surgical Practice" 18<sup>th</sup> International Congress and Endo Expo 2009 and Annual Meeting, Masters Class in Laparoscopic General Surgery, Joint Session: SLS and SAGES, September 9, 2009, Boston, MA, USA.

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25. "Economic Impact of Surgical Decisions" 19<sup>th</sup> International Congress and Endo Expo Annual Meeting Society of Laparoendoscopic Surgeons; Master's Class in Laparoscopic General Surgery; September 1, 2010; New York, NY, USA.
26. "Minimally Invasive Suturing Techniques" 19<sup>th</sup> International Congress and Endo Expo Annual Meeting Society of Laparoendoscopic Surgeons; Master's Class in Laparoscopic Suturing; September 1, 2010; New York, NY, USA.
27. Surgical Intern Boot Camp; Society of Laparoendoscopic Surgeons, Reston, VA, August 30, 2013.
28. Complications and Avoidance of Stapling Devices: Annual meeting Society of Laparoendoscopic Surgeons; Las Vegas, NV, September 2014.
29. "Pre-emptive Strike" Complex Surgical Case; Society of Laparoendoscopic Surgeons Meeting; New York, NY, September 4, 2015.
30. Vascular Injuries Recognition and Treatment. Annual meeting Society of Laparoendoscopic Surgeons; Boston, MA, August 31, 2016.
31. Bowel Injuries Recognition and Treatment. Annual meeting Society of Laparoendoscopic Surgeons; Boston, MA, August 31, 2016.
32. Energy Use In Laparoscopy: Monopolar Energy: Why I Use It; Annual Meeting Society of Laparoendoscopic Surgeons; San Francisco, CA, September 7, 2017
33. Excel Award: Living The SLS Experience: Annual Meeting Society of Laparoendoscopic Surgeons; San Francisco, CA, September 9, 2017

#### **Invited Presentations and Seminars**

##### **Visiting professorships or seminars:**

1. Member of delegation of Laparoscopic Surgeons from Society of Laparoendoscopic Surgeons to People's Republic of China, Lectured to surgeons in Beijing, Guangzhou, China, October 6 - 20 1995
2. Participated in a study on Laparoscopic Semm Hysterectomy, Kiel, Germany 1995
3. Participated in International Meeting honoring Professor Kurt Semm; Kiel, Germany 1995
4. Scientific Moderator for the Society of Laparoendoscopic Surgeons, Endo Expo 2000, December 2000, Orlando, Florida
5. Scientific Moderator for the Society of Laparoendoscopic Surgeons, Endo Expo 2001, December 2001, New York, New York

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6. Scientific Moderator for International Congress of Gynecological Endoscopy and Innovative Surgery Pre-Congress Workshop, Kiel, Germany, April 2002
7. Scientific Moderator for the Society of Laparoendoscopic Surgeons, Endo Expo 2006, December 2006, Boston, MA
8. Member of delegation of General Surgeons from the American College of Surgeons To Vietnam, and Cambodia, December 2006
9. Moderator for International Symposium on Hysterectomies, Kiel School of Gynecologic Endoscopy, Kiel, Germany, June 10th 2007
10. Member of delegation of General Surgeons from the American College of Surgeons To Vietnam, and Cambodia, November 2008
11. International Surgical Mission Trip - Organized trip to Cambodia in 2010 with two surgical residents; visited hospitals in Phnom Penh and Siem Reap, district hospitals and village clinics where we assisted and performed surgery and lectured on minimally invasive surgery.

**Editorial Posts and Activities**

**Reviewer status:**

Manuscript review, Journal of the Society of Laparoendoscopic Surgeons, 2005 – present

Manuscript review, International Journal of Medical Robotics and Computer Assisted Surgery, 2005 - present

**SERVICE ACTIVITIES**

**University/Institutional Service**

**School committees:**

International Travel Review Committee, reviewer and evaluator, 2008 – present

**Hospital committees:**

Committee on Cancer, clinical liaison, 2012 – 2016

Committee on Cancer, member, 2012 – present

Surgery Committee, member, 2013 – present

Gastrointestinal Committee, member, 2015 - present

**Clinical Service**

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**In-patient service activities:**

Attending surgeon, General Surgery service, Earl K. Long Medical Center, Baton Rouge, LA, November 2007 – June 2012

Attending surgeon, Endoscopy Clinic, weekly, performed the endoscopy and/or supervised residents, Earl K. Long Medical Center, Baton Rouge, LA, November 2007 – June 2012

Attending surgeon, Endoscopy Clinic, weekly, performed the endoscopy and/or supervised residents, Interim LSU Hospital, New Orleans, LA, June 2012 – July 2015

Attending surgeon, General Surgery service, Interim LSU Hospital, New Orleans, LA, June 2012 – July 2015

Active surgeon, General Surgery service, Touro Infirmary, New Orleans, LA, June 2012 – April 2018

Consulting Staff, General Surgery Service Touro Infirmary, New Orleans, La. April 2018 - present

Active surgeon, Endoscopy Clinic, weekly, performed the endoscopy and/or supervised residents, Touro Infirmary, New Orleans, LA, June 2012 - present

Attending surgeon, General Surgery service, University Medical Center at New Orleans, New Orleans, LA, August 2015 – present

Attending surgeon, Endoscopy Clinic, weekly, performed the endoscopy and/or supervised residents, University Medical Center at New Orleans, New Orleans, LA, August 2015 - present

**Clinic coverage**

Attending surgeon, weekly, Earl K. Long Medical Center Clinic, Baton Rouge, LA, November 2007 – June 2012

Attending surgeon, weekly, Interim LSU Hospital Clinic, New Orleans, LA, June 2012 – July 2015

Attending surgeon, General Surgery service, St. Charles General Clinic, New Orleans, LA, June 2012 - present

Attending surgeon, monthly, General Surgery Clinic, Louisiana State Penitentiary, Angola, LA, June 2012 – present

Attending surgeon, weekly, General Surgery service, University Medical Center at New Orleans Clinic, New Orleans, LA, August 2015 – present

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Attending surgeon, monthly, General Surgery Clinic, Developing the capability of performing surgery at the Louisiana State Penitentiary, Angola, LA, with the Department of Corrections, May 2016 to present

**Call:**

Earl K. Long Medical Center, ten times per month, General Surgery service call, November 2007 – June 2012

Touro Infirmary, four times per month, un-referred emergency room call, June 2012 – present

Interim LSU Hospital, twenty times per month, General Surgery service call, June 2012 – July 2015

University Medical Center at New Orleans, twenty times per month, General Surgery service call, August 2015 - present

**Administrative Responsibilities**

**Departmental:**

Co-director of animal lab laparoscopic suturing course; LSU Baton Rouge, LA April 2008

Organized Simulation Center and animal training program for Laparoscopic Training for Surgical Residents, LSUHSC, 2008 – Present

Assisted in Organizing and Overseeing CME Program for Cohn-Rives Conference; Annual Meeting, 2008 - present

Organize and Oversee CME for the LSU Surgery Department, New Orleans, Louisiana, 2012 - present

Member, Organizing Committee; Cohn Rives Surgical Society, 2010 - present

Year End Evaluation of Surgical Rotations - In conjunction with the residents and the faculty, evaluate each General Surgery surgical rotation on strengths, weaknesses, and potential changes, 2011 - present.

Organized and Ran First Year Intern "Boot Camp" consisting of basic surgical principles and techniques for first year surgical residents. 20 - 40 participants including didactics and hands-on lab with live animal models at the LSU Vet School.

Organized First Year "Boot Camp" for General Surgery Interns

July 27 – 28, 2011

July 19 - 21, 2012

July 18 - 20, 2013

July 17 - 19, 2014

July 16 - 18, 2015

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July 14 - 16, 2016

July 13 – 15, 2017

July 19 – 21, 2018

July 25 – 26, 2019

General Surgery Residency Interview Committee – Comprised of eight to nine faculty members who participate in the interview process and provide recommendations for ranking of medical students for residency positions, 2014 - present

Skills Laboratory for Family Practice Residents, April 2015, 2016, 2017, 2018, 2019 Organized and coordinated suture and ultrasound skills lab for Family Medicine Residents

Clinical Competency Committee (CCC) – Responsible for PGY1 and PGY 3 General Surgery residents ongoing evaluations of clinical competencies with recommendations on promotion or remediation, June 2015 – present.

Annual Faculty Spring Retreat – Coordinator and moderator of the first annual faculty spring retreat, April 2016. Subsequent retreats 2017, 2019

**LSUHSC:**

LSU Health Care Network - Represent the Department of Surgery at monthly meeting with regards to monitoring any clinical issues at the Faculty Practice Clinic, January 2016 - present.

**Department of Corrections:**

As Medical/Mental Health Director of the Department of Corrections for the state of Louisiana, I oversee the delivery of medical care and mental health care for over 30,000 inmates. I also have been involved in the development and execution of an electronic health record for the department. I have also been directly involved in the Department of Corrections' roll in the hepatitis c elimination plan for the state of Louisiana

**Community Service Activities:**

Member Mardi Gras Krewe of Endymion, New Orleans, LA, 1985 – Present

Member Chamber of Commerce, Fayette, AL, 1989 - October 2007

Member Steering Committee Fund Raising for Expansion, First United Methodist Church, Fayette, AL, 1992

President, Board of Directors, Fayette Academy School, Fayette, AL, 1993 – 1996

Keynote speaker for graduating class of Beville State Community College School of Nursing, 1995

Mission trip: Honduras with First United Methodist Church, Fayette, AL, July 1999



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Chaperone: Youth Mission Trip to Glide Memorial Methodist Church, San Francisco, CA, July 2001

Mission trip: Leiapaja, Latvia with First United Methodist Church, Fayette, AL, July 2006, June 2007 - June 2012, August 2014

Mentor Kid's Hope USA; University Terrace School, Baton Rouge, Louisiana 2009 - 2011

Volunteer medical service: Marivich Assembly Center, Baton Rouge, LA, Hurricane Katrina evacuation, 2010

Keynote speaker for ovarian cancer and screening for the Sixth Baptist Church, New Orleans, LA, April 2016