

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA
MIAMI DIVISION

Case No. 1:20-cv-21457

ANTHONY SWAIN, *et al.*,

Plaintiffs,

v.

DANIEL JUNIOR, *et al.*,

Defendants.

NOTICE OF FILING DECLARATION OF DR. ARMEN HENDERSON

Plaintiffs, by and through undersigned counsel, hereby give notice of the filing of the Declaration of Dr. Armen Henderson in support of their Emergency Motion for Temporary Restraining Order and Preliminary Injunction [ECF No. 3].

Date: April 6, 2020

Respectfully submitted,

/s/ Quinn Smith

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Pro Hac Vice Admission Pending

CIVIL RIGHTS CORPS

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/s/ Tiffany Yang

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Attorneys for Plaintiffs

CERTIFICATE OF SERVICE

I hereby certify that on April 6, 2020 I electronically filed the foregoing with the clerk of the court for the U.S. District Court, Southern District of Florida, using the electronic case filing system of the Court. This Notice of Filing and its attachments will be served in accordance with the Federal Rules of Civil Procedure.

/s/ Katherine A. Sanoja

Katherine A. Sanoja, Fla. Bar. 99137

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS, HOUSTON DIVISION**

ANTHONY SWAIN; ALEN
BLANCO; BAYARDO CRUZ;
RONNIEL FLORES; WINFRED
HILL; DEONDRE WILLIS; PETER
BERNAL, individually and on behalf
of all others similarly situated,

Plaintiffs,

v.

DANIEL JUNIOR, in his official
capacity as Director of the Miami-
Dade Corrections and Rehabilitation
Department; MIAMI-DADE
COUNTY, FLORIDA,

Defendants

Case No. 1:20-cv-21457

**Petition for Writ of Habeas Corpus and
Complaint for Injunctive and
Declaratory Relief**

Class Action

IMMEDIATE RELIEF SOUGHT

Declaration of Dr. Armen Henderson

I. Background and Qualifications

1. My name is Armen Henderson. I am an Assistant Professor of Medicine at University of Miami, Miller School of Medicine, a Hospitalist on the frontline of the COVID-19 pandemic both at the University of Miami Hospital and in the community with the Dade County Street Response Homeless Relief Team. Throughout my life, I have been an advocate for poor and working-class individuals and I have continued this mission as a physician organizer with Dream Defenders.
2. My C.V. includes a list of my education, honors, experience, and publications, and it is attached as Exhibit A.
3. I am donating my time reviewing materials and preparing this report. Any live testimony I provide will also be provided *pro bono*.
4. I have not testified as an expert at trial or by deposition.
5. This declaration incorporates the findings in sworn declaration submitted by Dr. Jaimie Meyer, Assistant Professor of Medicine at Yale School of Medicine and Assistant Clinical Professor of Nursing at Yale School of Nursing in New Haven, Connecticut, in

federal court in New York. Dr. Meyer is board certified in Internal Medicine, Infectious Diseases and Addiction Medicine.

6. I have reviewed Dr. Meyer's report, as well as the declaration of Dr. Pedro J. Greer. Based on my own training and background, I strongly agree with those analyses.

II. Jails and Prisons are uniquely vulnerable

7. The Institute for Crime and Justice Policy identifies that there are over 2.1 million persons incarcerated in the USA¹, and as I will discuss below, there is a very high risk of infectious diseases in jails and prisons.
8. Infectious diseases have a greater impact within the walls of jails and prisons than outside those walls, due to the number of people held there, their proximity to one another and the downplaying of the health concerns and needs of people held there.
9. Outbreaks of contagious diseases occur frequently in jails and prisons. Even before COVID19, infectious disease accounted for 17.5% of prison deaths.² The higher background prevalence of infection contributes significantly to the high risks of COVID19 spread and dissemination in prisons.
10. Prisons and jails are not isolated from communities. The multiplicity of people passing in and out of the facilities increase the likelihood that disease can be passed to those held within.
11. Jails and prisons are under-resourced within in terms of equipment, personnel, and medications, and thus rely on hospitals to provide emergency or more resource-intensive care.

III. COVID-19³

12. The novel coronavirus, officially known as SARS-CoV-2, causes a disease known as COVID-19. The virus is thought to pass from person to person primarily through respiratory droplets (by speaking, coughing or sneezing) but also survives on inanimate surfaces. Van Doremalen et al. evaluated the stability of SARS-CoV-2 and discovered that the virus is stable and viable on plastic and stainless steel up to 3 days (72 hours) after application to these surfaces, and up to 24 hours on cardboard, 4 hours on copper and for at least 3 hours by aerosol.⁴

¹ WPB World Prison Brief. Highest to Lowest Prison Population Total https://www.prisonstudies.org/highest-to-lowest/prison-population-total?field_region_taxonomy_tid=All

² Yang H, Thompson JR. Fighting covid-19 outbreaks in prisons. *BMJ*. 2020 Apr 2;369:m1362. doi: 10.1136/bmj.m1362.

³ This whole section draws from Broks J. Global Epidemiology and Prevention of COVID19, COVID-10 Symposium, Conference on Retroviruses and Opportunistic Infections (CROI), virtual (March 10, 2020); *Coronavirus (COVID-19)*, Centers for Disease Control, <https://www.cdc.gov/coronavirus/2019-ncov/index.html>; Brent Gibson, *COVID-19 (Coronavirus): What You Need to Know in Corrections*, National Commission on Correctional Health Care (February 28, 2020), <https://www.nccchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections>.

⁴ van Doremalen N, Bushmaker T, Morris DH, Holbrook MG, Gamble A, Williamson BN, Tamin A, Harcourt JL, Thornburg NJ, Gerber SI, Lloyd-Smith JO, de Wit E, Munster VJ. Aerosol and Surface Stability of SARS-CoV-2 as

13. People seem to be most able to transmit the virus to others when they are sickest but recent data from China has demonstrated that nearly 13% of transmission arises from asymptomatic or presymptomatic individuals,⁵ and it is possible that transmission can continue for weeks after symptoms resolve.^{6,7} In China, where COVID-19 was first detected, the average infected person passed the virus on to 2-3 other people; with transmission being most frequent among those within a distance of 3-6 feet. Recent work at MIT shows that coughs, common to patients with COVID19 include not only droplets but also create turbulent clouds of pathogen-bearing droplets that are propelled much farther than if they were emitted in isolation without a turbulent puff cloud trapping and carrying them forward and travel 23 to 27 feet (7-8 m). Based on these data, even the recommended separations of 3 to 6 feet (1-2 m) underestimate the distance, timescale, and persistence over which the pathogenic clouds of SARS-CoV2 travel.⁸
14. Not only is the virus very efficient at droplet transmission, this is a new virus and until its emergence all humans were immunologically naïve, thus everyone is at risk of infection. There are multiple current efforts towards the development of a safe and effective vaccine, however such a vaccine is extremely challenging based on the natural history of coronaviruses, which have antibody mediated enhancement.⁹ It is thus, highly optimistic that there would be such a vaccine within the next two years and more likely it will take 2 to 5 years or longer before a vaccine is available for general public. New and old compounds are under investigation as antiviral medications¹⁰ but, none has yet achieved FDA-approved. People in prison and jail will likely have even less access to these novel health strategies as they become available.
15. Most people (80%) who become infected with COVID-19 will develop either a mild upper respiratory infection (35%) or a moderate ‘walking’ pneumonia (55%), while

Compared with SARS-CoV-1. *N Engl J Med.* 2020 Mar 17. doi: 10.1056/NEJMc2004973. [Epub ahead of print]

https://www.nejm.org/doi/full/10.1056/NEJMc2004973?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%3dpubmed

⁵ Du Z, Xu X, Wu Y, Wang L, Cowling BJ, Ancel Meyers L. Serial interval of COVID-19 among publicly reported confirmed cases. *Emerg Infect Dis.* 2020 Jun [date cited]. <https://doi.org/10.3201/eid2606.200357>

⁶ Lan L, Xu D, Ye G, Xia C, Wang S, Li Y, Xu H. Positive RT-PCR Test Results in Patients Recovered From COVID-19. *JAMA.* 2020 Feb 27. doi: 10.1001/jama.2020.2783. [Epub ahead of print] <https://jamanetwork.com/journals/jama/fullarticle/2762452>

⁷ AN J, Liao X, Xiao T, Qian S, et al. Clinical characteristics of the recovered COVID-19 patients with re-detectable positive RNA test. 30 March 2020 <https://doi.org/10.1101/2020.03.26.20044222> <https://www.medrxiv.org/content/10.1101/2020.03.26.20044222v1.full.pdf>

⁸ Bourouiba L. Turbulent Gas Clouds and Respiratory Pathogen Emissions Potential Implications for Reducing Transmission of COVID-19. *JAMA insights.* Published online March 26, 2020. doi:10.1001/jama.2020.4756 https://jamanetwork.com/journals/jama/fullarticle/2763852?appId=scweb&fbclid=IwAR31jq_syyGWphf0mzdJNmddm_sdlLcIHM8WB1bey5CHbVj72dNzoZ-o2abu8

⁹ Tetro JA. Is COVID-19 receiving ADE from other coronaviruses? *Microbes and Infection.* March 2020; 22(2):72-73 <https://www.sciencedirect.com/science/article/pii/S1286457920300344?via%3Dihub>

¹⁰ Milken Institute. COVID-19 Treatment and Vaccine Tracker. https://milkeninstitute.org/sites/default/files/2020-03/Covid19%20Tracker_WEB.pdf?fbclid=IwAR3-v7etWwPb8qMb-1AZpShZF68UaNpuKHuDFY7R4Ot0q5TOY9dvUWwSgV0

20% present with either serious illness to critical illness¹¹, and 1 to 3% die.¹² The risk of serious illness and death increases with age, and in those with underlying health conditions, especially cardiovascular disease, hypertension, chronic lung disease, and diabetes.¹³ Among those individuals, the risk of poor outcomes, included the need for mechanical intervention is over 20%. Death in COVID-19 infection is usually results from ARDS, sepsis, and cardiomyopathy, and without medical intervention would kill approximately 3-4% of the population. The emergence of COVID-19 during influenza season contributed to many persons with dual infection with COVID19 and flu, and there are a significant number of persons with bacterial pneumonia and flu, particularly among those unvaccinated for influenza vaccine or pneumococcal vaccine. Dual infections with COVID19 are common, because SARS-CoV2 causes lymphopenia¹⁴ and increases a person's susceptibility of other infections.

16. Treatment of those infected with COVID-19 depends on how they ill they are at presentation and how their disease progresses.¹⁵ People with mild or moderate symptoms may not require hospitalization but should be treated in isolation from others in a home or hotel room but without contact with others unless a care-provider if needed, and such a care-provider should wear personal protective masks and gloves. People with moderate symptoms may at times require hospitalization for supportive care, including intravenous fluids and supplemental oxygen. People with severe symptoms or critical symptoms may require ventilation and intravenous meds. Public health officials anticipate that hospital settings will be overwhelmed and beyond capacity to provide this type of intensive care as COVID-19 becomes more widespread in communities.
17. Prevention is the best approach to this disease, and this is why cities and states around the country have put "shelter in place" orders into effect and strongly urged people to practice "social distancing."

IV. Metro West Detention Center

18. In preparing this report I have reviewed the declarations of the Plaintiffs in this case and the declarations of Dr. Greer and Dr. Meyer.

¹¹ WHO-China Joint Mission Report. 16-14 Feb 2020. <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

¹² *Coronavirus Disease 2019 (COVID-19): Situation Summary*, Centers for Disease and Prevention (March 14, 2020), https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html.

¹³ *Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study*, *The Lancet* (published online March 11, 2020), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext).

¹⁴ Bermejo-Martin JF, Almansa R, Menendez R Mendez R, Kelvin DJ, Torres A. 28 Feb 2020 *J Infect*. 2020 Mar 5. pii: S0163-4453(20)30110-9. doi: 10.1016/j.jinf.2020.02.029. [Epub ahead of print] [https://linkinghub.elsevier.com/retrieve/pii/S0163-4453\(20\)30110-9](https://linkinghub.elsevier.com/retrieve/pii/S0163-4453(20)30110-9)

¹⁵ *Coronavirus Disease 2019 (COVID-19): Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease*, Centers for Disease Control and Prevention (March 7, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>.

19. In my professional judgment, the Metro West Detention Center does not have the resources to avoid a COVID-19 outbreak. There is a heightened risk of an outbreak for those held at the jail, the corrections staff and the whole Miami community both because the conditions fail to prevent further transmission of the disease and because of the potential burden this places on the public health system broadly.
20. Failure to properly sanitize common areas and high-touch surfaces coupled with failure to provide sufficient amounts of soap (for multiple washings per day), and failure to provide hand-drying materials like paper towels that can be thrown away (otherwise people are forced to reuse dirty towels or wipe down their hands on their uniforms, not CDC-recommended), as well as failure to provide basic hygienic products like tissues, place the inmates and corrections staff at high risk for COVID-19.
21. Failure to provide sufficient masks to staff or those held puts the staff at risk of infection from the people detained, and the people detained are placed at risk from presymptomatic and asymptomatic staff. Given the changing information about the transmission of COVID-19 and the possibility of it being airborne, especially in enclosed spaces, it is now advised that those in direct contact wear N95 masks. If this is not provided, the entire population and staff are at risk of being infected.
22. The jail is unable to provide an environment where social distancing is possible due to the proximity of the bunk beds both side by side and on top of each other, even while detained persons have alleged that there are multiple people coughing and present in the same cell.
23. The delays in access to care are concerning. Based on the plaintiff's description that at Metro West they are asked to fill out a medical slip and then wait days before they see someone, even when they are exhibiting symptoms that suggest COVID-19 infection. This can prove to be deadly to those needing medical care as the virus causes rapid decline in function, especially in those with pre existing conditions.
24. People held in detention have an increased risk of death due to infection due to an inability to attend to any chronic conditions they may have. Many of these individuals may also end up needing critical care and having to be transferred to Jackson Memorial Hospital, already overcrowded with critically ill patients.
25. Inadequate screening and testing procedures in facilities increase the widespread COVID-19 transmission both in the jail and outside in the community placing the public's health at great risk.
26. The neglect of individuals with acute pain and serious health needs under ordinary circumstances is also strongly indicative that the facilities will be ill-equipped to identify, monitor, and treat a COVID-19 epidemic.

V. Conclusion and Recommendations

27. In my professional judgment, those held in detention at Metro West Detention Center are at a heightened risk of contracting COVID-19, and are also at a higher risk of severe harm if they do contracted the disease.
28. A reduction in the size of the population in jails and prisons is a key step to reducing the level of risk both for who both are housed and work within those facilities and for the community at large. On 30 March, the Daily Eagle reported that, roughly 3.6 percent of the city jail population has tested positive for COVID-19, noting that at least 167 inmates and 114 jail staffers were positive for COVID19.¹⁶ Given the epidemiological estimates we have seen in the community, these numbers have likely grown exponentially.
29. From a public health perspective, it is my strong opinion that individuals who can **safely and appropriately** remain in the community not be placed in the Metro West Detention Center at this time. I am also strongly of the opinion that individuals who are already in those facilities should be evaluated for release, and that a careful evaluation of procedural and housing guidance is created for those who remain in the facilities during the “stay at home” mandate, and possibly until the epidemic is contained.
30. Release is even more important for those individuals with preexisting conditions (e.g., heart disease, chronic lung disease such as asthma or bronchitis, chronic liver disease, suppressed immune systems due to conditions such as HIV, cancer, and diabetes) or who are over the age of 60.¹⁷ Their continued detention puts their health at greater risk and they run a meaningfully higher risk of death.
31. It is my professional opinion that these steps are both necessary and urgent. The horizon of risk for COVID-19 in these facilities is a matter of days, not weeks.
32. Public health does not stop at the jail or prison’s walls. The health of those held in jails and prisons should be a concern to the whole community – if we do not protect their health, we are putting the whole community’s health at risk.

¹⁶ Brand D. At least 167 NYC inmates, 114 jail staffers now have COVID-19 March 30, 2020. The Daily Eagle. <https://queenseagle.com/all/2020/3/30/at-least-167-nyc-inmates-114-jail-staffers-now-have-covid-19>

¹⁷ *Report of the WHO-China Joint Mission of Coronavirus Disease 2019 (COVID-19)* (Feb. 16-24 2020), available at <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>.

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

A handwritten signature in blue ink, appearing to read "A. Henderson".

Name

4/6/2020

Date

EXHIBIT A
Curriculum Vitae

ARMEN HENDERSON, MD-MBA

Current Address
5575 SW 6th Street
Coral Gables, FL 33134
Adh113@med.miami.edu
610.715.9989

EDUCATION

University of Miami/Jackson Memorial Hospital, FL
Degree: Residency Concentration: Internal Medicine
Graduation: May 2017

Meharry Medical College, TN
Degree: M.D.
Graduation: May 2014

Owen Graduate School of Management, TN
Degree: MBA Concentration: Healthcare/Management
Graduation: May 2014

Mansfield University of Pennsylvania, PA
Degree: Bachelor of Science Concentration: Biology/Chemistry
Graduation: May 2008

PROFESSIONAL EXPERIENCE

Founder, DADE COUNTY STREET RESPONSE 2018- present

- Teaching civilians how to approach gunshot wound victims using conflict mitigation, Stop the Bleed and CPR
- Leading a disaster relief team that responds to vulnerable communities during emergencies including hurricanes and pandemics.
- Educating physicians and patients on the effects of environmental destruction on health among vulnerable populations.
- Coordinating efforts to bring a trauma recovery center to liberty city that provides access to free mental health services, in conjunction with local medical institutions.

Assistant Professor of Medicine, UNIV OF MIAMI, MILLER SCHOOL OF MEDICINE 2017- present

- Providing top notch, patient centered, evidence based care to patients at University of Miami hospital
- Teaching medical students, residents and observers at UM and JM hospitals
- Serving on the admissions committee for the Miller School of Medicine and Jackson Memorial hospital internal medicine programs.

Health Policy Intern, AMERICAN COLLEGE OF PHYSICIANS

Summer 2016

- Provided assistance with researching and analyzing current issues in health and medical education policy, assisting with on-going advocacy initiatives, and the development of advocacy materials
- Attended Congressional hearings, coalition meetings, and accompany government affairs staff on lobby visits to members of congress and their staff
- Advised the organization to focus on social determinants of health by drafting future legislation in its favor

Board Member, TEEN UPWARD BOUND

January 2016- Present

- Reviewed and analyzed current practices and guidelines that govern the organization to make sure they were up to standard with funding opportunities
- Participated and organized fundraising initiatives
- Reviewed grants and approved new rules along with conflict resolution among stakeholders within the organization

Council Member, ALLEGHENY FRANCISCAN MINISTRY CGI

April 2015-Present

- Focused in the community of Overtown, the council decides where and how to spend \$7M to bring jobs, youth opportunities and community voice to local government
- Advised to give \$600K to a local coalition of 20 organizations that focus on education and social work for youth in Miami- Dade
- Strategy, organizing, finance, team building with community emphasis

Administrative Intern, THE METHODIST HOSPITAL SYSTEM

Summer 2013

- Reviewed and analyzed current pre-operative department processes and services offered to determine impact on patient satisfaction scores and proposed necessary changes to improve both patient flow and patient satisfaction
- Evaluated current OR Efficiency to identify obstacles and determined best practices that must be in place to achieve an on-time start percentage of 90% as measured by patient in room time

Project Pyramid Business Consultant, THE SHALOM FOUNDATION

2012-2014

- Interviewed members of the medical, administrative/operations and management teams to understand scope, current processes, organizational challenges, finances and budget
- Analyzed and mapped workflow from perspectives of management, medical and administrative teams
- Evaluated technical and operational feasibility needed to implement an electronic medical record system
- Proposed and strategized EMR types and financing options for each in a team presentation

Quality Improvement Officer, VANDERBILT UNIVERSITY MEDICAL CENTER

2012-2013

- Process mapped catheter lab from procedural intervention to inpatient care
- Developed a protocol to establish a set pathway for returning patients to the appropriate unit following catheterization procedures to decrease the lapse in healthcare delivery
- Finalized integral pathways steps and presented findings to cardiac team for possible implementation

National Academic Affairs Chair, STUDENT NATIONAL MEDICAL ASSOCIATION

2010-2012

- Collaborated with companies including Kaplan, USMLE World and USMLE First Aid to offer discounts, free test prep courses and scholarships to 8000+ members. Led multiple online interactive webinars for members on how to pass board exams and excel in hospital rotations
- Led meetings with national, regional and local representatives about committee programming and progress
- Implemented workshops such as “Success on Boards and Wards”, “Business of Medicine” and “Where Medicine Can Take You” at the Annual Medical Education Conference of 1500+ medical student attendees

RESEARCH AWARDS

- 1st Place, American College of Physicians (ACP) National Poster Winner 2011
- 1st Place, American College of Physicians (ACP) Regional Poster Winner 2012
- 1st Place, 55th Annual C. W. Johnson Research Recipient 2010
- 4th Place, Student National Medical Association Research Competition 2010

RESEARCH EXPERIENCE

NIH Research Intern, UNIVERSITY OF PENNSYLVANIA-PHILADELPHIA, PA 2008-2010

- Aided in ovine open heart cardiopulmonary bypass procedures
- Aided in perfusion techniques and blood sampling
- Aided in ovine post surgical health upkeep and necropsies
- Performed western blotting, tissue and blood isolations, and RT PCR
- Attended weekly resident and PhD faculty research lectures

Intern, AFRICAN AMERICANS IN MEDICINE (AIM)-PHILADELPHIA, PA Summer 2007

- Shadowed 12 doctors on their daily rounds for a week at a time
- Sat in on heart valve replacement surgeries, reconstructive surgeries, colonoscopies, etc.
- Researched general disparities in healthcare

Intern, FOX CHASE CANCER CENTER-PHILADELPHIA, PA Summer 2006

- Performed western blot and cell culture, made solutions, kept track of chemical inventory.
- Performed mitochondrial preparations and protein extractions
- Presented findings for Group/Collaborator Discussions

Intern, UNIVERSITY OF PENNSYLVANIA -PHILADELPHIA, PA Summer 2005

- Performed RNA extractions and reverse transcription assays
- Mastered cell culture, Western Blotting and Real Time PCR
- Animal work, primarily bleeding and breeding mice
- Presented work at National Leadership Alliance Conference
- Shadowed two doctors on their daily rotations

Lab Assistant, US DEPARTMENT OF AGRICULTURE, ERRC- WYNDMOOR, PA Summer 2004

- Extracted proteins by performing the following techniques: gel electrophoresis, centrifugation and homogenization
- Analyzed data using a photo analysis program and sent results to the FDA

POSTER/ORAL PRESENTATIONS

- The CLEO Institute- Empowering Capable Climate Communicators Symposium, Presenter
Disaster Preparedness, a South Florida Model Post Hurricane Irma
- Committee of Interns and Residents, National Conference- presentation on racism in medicine
- American Medical Students Association- Poster presentation *Molecular Cardiac Surgery with Recirculating delivery in the Treatment of Heart Failure*
- **Armen Henderson** Danielle M. Thesier, JaBaris D. Swain, Michael G. Katz, Charles Yarnall, Anthony Fagnoli, Marina Sumaroka, Alice Isidro, Mihail Petrov, Lili Wang, David Holt, Rose Nolen-Walston, Walter J. Koch, Joseph Rabinowitz, Hansell H. Stedman& Charles R. Bridges, 2011
- American Society of Gene Therapy-Oral presentation *Molecular Cardiac Surgery: A Translatable, Highly Efficient, Global scAAV-6-Mediated Gene Delivery Technique to the Ovine Myocardium*
- Jennifer White MD, Danielle Thesier BS, **Armen Henderson BS**, JaBaris Swain MD, Michael Katz MD PhD, Charles Yarnall BS, Alice Isidro MS, Haiying Chen MD, David Holt BVSc, Jacquie Farag BS, Mihail Petrov MD, Stephen Soltys BS, Hansell Stedman MD, Joseph Rabinowitz PhD, Charles R. Bridges MD ScD, 2009.
- British Society of Gene Therapy-Oral presentation. *Adeno-associated Viral Vector-Mediated Gene Transfer to the Heart Using Molecular Cardiac Surgery: a Novel Translatable Closed Recirculation System for Myocardial Gene Delivery.*
- Jennifer White MD, JaBaris Swain, MD, Danielle Thesier BS, **Armen Henderson BS**, Michael Katz MD PhD, Charles Yarnall BS, Alice Isidro MS, Haiying Chen MD, David Holt BVSc, Jacquie Farag BS, Mihail Petrov MD, Stephen Soltys BS, Hansell Stedman MD, Joseph Rabinowitz PhD, Charles R. Bridges MD ScD, 2009.
- University of Pennsylvania Cardiovascular Institute-Poster presentation. *Molecular Cardiac Surgery with Closed Recirculation: A Translatable, Efficient, Global Vector-Mediated Gene Delivery Technique, 2009.*
- Jennifer White MD, JaBaris Swain, MD, Danielle Thesier BS, **Armen Henderson BS**, Michael Katz MD PhD, Charles Yarnall BS, Alice Isidro MS, Haiying Chen MD, David Holt BVSc, Jacquie Farag BS, Mihail Petrov MD, Stephen Soltys BS, Hansell Stedman MD, Joseph Rabinowitz PhD, Charles R. Bridges MD ScD, 2009.

PUBLICATIONS (PEER REVIEWED AND OP-ED)

- <https://www.beckershospitalreview.com/quality/viewpoint-as-a-black-physician-i-understand-why-patients-distrust-medicine.html>
- [Inquirer Op Ed](#)
- <https://www.sun-sentinel.com/opinion/commentary/fl-viewpoint-health-20151218-story.html>

- <https://www.miamiherald.com/opinion/letters-to-the-editor/article51405915.html>
- Katz M, Swain J, Thesier D, White, J, **Henderson A**, Stedman HH, Bridges CR Methods for Vector Mediated Cardiac Gene Delivery: Potential for Clinical Translation (Invited Review). *Gene Therapy and Molecular Biology*, 2010 (accepted for publication).
- M, Thesier D, White, J, **Henderson A**, Stedman HH, Bridges CR. Cardiac Gene Delivery Methods in Large Animals. In: Duan, Dongsheng, (ed.) *Methods in Molecular Medicine: Muscle Gene Therapy – Methods and Protocols*. Totowa, NJ: Humana Press (in press, 2010).
- Katz MG, Swain JD, White JD, **Henderson A**, Thesier DM, Fagnoli A, Sumaroka M Tomasulo C, Isidro A, Yarnall C, Stedman H, Rabinowitz J, Bridges CR. Molecular Cardiac Surgery with Recirculating Delivery (MCARD™) for Gene and Cell Therapy: Surgical Technique and Quantitative Assessment of Cardiac Isolation Efficiency. (submitted *European J Card Thor Surg*, 2010).
- Swain J, Katz M, Thesier D, White, J, **Henderson A**, Stedman HH, Bridges CR. Cardiac Gene Delivery Methods in Large Animals. In: Duan, Dongsheng, (ed.) *Methods in Molecular Medicine: Muscle Gene Therapy – Methods and Protocols*. Totowa, NJ: Humana Press (in press, 2010).
- Jennifer D. White, Danielle M. Thesier, JaBaris D. Swain, Michael G. Katz, Catherine Tomasulo, **Armen Henderson**, Charles Yarnall, Anthony Fagnoli, Marina Sumaroka, Alice Isidro, Mihail Petrov, Lili Wang, David Holt, Rose Nolen-Walston, Walter J. Koch, Joseph Rabinowitz, Hansell H. Stedman& Charles R. Bridges: *Myocardial Gene Delivery using Molecular Cardiac Surgery with Recombinant Adeno-associated Virus Vectors In vivo*. Gene Therapy Accepted 2011.

AWARDS AND ACHIEVEMENTS

- **100 Great Ideas Incubator Recipient** 2019
- **People Matter Community Service Award** 2019
- **Black Male Empowerment (BMe) Grant and fellowship Recipient** 2018
- **Legacy Magazine’s Top Black Doctors in FL** Jan 2017
- **American College of Physicians Research Scholar** March 2012
- **Essex Sylvester Craven, M.D. Endowed Scholarship** October 2011
- **Charles W. Johnson 55th Annual Research Award** March 2011
- **The Links Inc. Scholar** September 2003- May 2008
- **Pennsylvania State National Dean’s List** September 2003-2008
- **Bristol Myers Squibb Scholar** June 2006- August 2006
- **Trio Scholar** September 2006- May 2008
- **Board of Governor’s Scholar** September 2003- May 2008
- **National Institute of Health Grant for Minorities** September 2008-2009
- **NCAA Presidential Scholar-Athlete Award** October 2006- 2008
- **Who’s Who In American Colleges and Universities** March 2008

UNDERGRADUATE DIVERSIFIED ACTIVITIES

- **Student Government, Representative** September 2005- 2008
- **Men For Progress, Representative** September 2006- 2008
- **Mansfield University Men’s Basketball** August 2006-2008
- **Mountaineer Leadership Program** September 2007- 2008

- **Biology Club** September 2006- 2008
- **Participated in National Leadership Alliance Conference, Boston** July 2005
- **Participated in AMP Research Symposium, Newark** August 2005
- **Shadowed doctor at University of Penn** July 2005
- **Calculus Tutor, Mansfield University** December 2003
- **Mansfield Literary Society** February 2008

GRADUATE DIVERSIFIED ACTIVITIES

- **Economic Hardship Reporting Project Contributor** **2019**
- **Herbert Werthriem Conference** August 2016
- **Panelist, Beyond Flexner Conference** September 2016
- **Presenter, National CIR/SEIU Conference** 2016
- **AAU Basketball Coach** May 2014
- **Owen Ambassador** June 2013
- **Herman Memorial Ironman, TX** May 2013
- **Project Pyramid** March 2013

Vanderbilt Global Health Case Competition February 2013

- **Owen Black Students Association** August 2012
- **Vanderbilt Healthcare Club** August 2012
- **Bike New York** May 2011
- **Music City Triathlon, TN** July 2011
- **American Medical Students Association Conference Research** May 2011
- **Nashville Rescue Mission Skate-a-thon** March 2011
- **Be the Match, Bone Marrow Drive** November 2010
- **Medical Missions Trip, Haiti** May 2010
- **Habitat for Humanity** August 2010- Present
- **Relay for Life** March 2010
- **Nashville Cares, Flood rebuild** April 2010
- **Participated in Student National Medical Association Conference, Chicago** April 2010
- **Shade Tree Student Medical Clinic** 2010-2011
- **AIDS Walk** September 2010-2011

LEADERSHIP POSITIONS

- **Founder, Dade County Street Response**
- **Field Organizer, Dream Defenders** May 2014- Present
- **Founder, Mentors Like You** May 2008-2014
- **Academic Affairs National Committee Chair, SNMA** February 2011-2013
- **President, Student National Medical Association (Meharry Chapter)** March 2010- 2011
- **Team Captain, Mansfield NCAA Division II Men's Basketball** August 2007- 2008