

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Keith Rogers, *et al.*,)
Plaintiffs,)
No. 15-cv-11632
-vs-)
(*Judge Chang*)
Sheriff of Cook County and Cook)
County,)
Defendants.)

**PLAINTIFFS' RULE 56.1(a)(2)
STATEMENT OF UNCONTESTED FACTS**

Plaintiffs, by counsel and pursuant to Local Rule 56.1(a)(2), submit the following statement of uncontested facts:

1. Opioid use disorder (“OUD”) is a chronic disease with symptoms characterized by uncontrollable cravings for opioids, loss of control, increased tolerance to opioids, and withdrawal symptoms. (Plaintiffs’ Exhibit 23, Dr. Mangat Report at 3.)

2. The most serious risks of OUD include overdose and death: Over a thousand people in Cook County die each year from opioid overdose; 467 persons died in the first six months of 2021 in Chicago. (Plaintiffs' Exhibit 23, Dr. Mangat Report at 3.)

3. Withholding medication or tapering medication from someone with OUD triggers symptoms of withdrawal and increases the risk for

relapse. Withdrawal and relapse are serious and potentially dangerous medical conditions that require appropriate medical attention. (Plaintiffs' Exhibit 23, Dr. Mangat Report at 3.)

4. Tapering patients off methadone during incarceration destabilizes the patient and significantly increases the risk of relapse and overdose upon release back into the community. (Plaintiffs' Exhibit 21, Fatoki Report at 2.)

5. The consensus in the medical community since at least 2007 is that opioid use disorder is a chronic brain disease and patients need to be maintained on their treatment. (Plaintiffs' Exhibit 21, Dr. Fatoki Dep. 106:13-23.)

6. There is significant suffering associated with withdrawal: Symptoms can include anxiety, irritability, restlessness, chills, muscle pain, weakness, tremor, nausea, and vomiting; psychological symptoms from withdrawal can also be painful and debilitating. (Plaintiffs' Exhibit 23, Dr. Mangat Report at 3-4.)

7. Withdrawal symptoms can last up to several weeks. (Plaintiffs' Exhibit 23, Dr. Mangat Report at 4.)

8. Moreover, patients do not return to their pre-OUD baseline after withdrawal symptoms diminish, but often continue to experience

symptoms of OUD, such as cravings for opioids, indefinitely. (Plaintiffs' Exhibit 23, Dr. Mangat Report at 4.)

9. OUD is best treated by a stable dose of medication assisted treatment ("MAT"), such as methadone maintenance. (Plaintiffs' Exhibit 23, Dr. Mangat Report at 5.)

10. Tapering the dosage of medication assisted treatment induces painful withdrawal symptoms that places the patient at a higher risk of relapse. (Plaintiffs' Exhibit 23, Dr. Mangat Report at 5.)

11. Defendant Cook County established an opioid treatment and detoxification program at the Cook County Jail in 2007. (Plaintiffs' Exhibit 32 at 1, Richardson Report 1.)

12. The program provided methadone maintenance for pregnant persons who entered the Jail and required mandatory tapering to zero for all others. (Plaintiffs' Exhibit 32 at 1, Richardson Report 1.)

13. Plaintiffs' Exhibit 16 is the methadone tapering policy in force at the Cook County Jail from July 2, 2012, to February 4, 2016.

14. Plaintiffs' Exhibit 33 is the methadone tapering policy in force at the Cook County Jail from February 5, 2016, to October 6, 2019.

15. Plaintiffs' Exhibit 34 is the methadone tapering policy in force at the Cook County Jail starting on October 7, 2019.

16. Defendants' justification for the mandatory tapering policy was explained by Dr. Avery Hart at a Rule 30(b)(6) deposition of Cook County in *Parish v. Sheriff*, 07-cv-4369. (Plaintiffs' Exhibit 35.)

17. When he was deposed at a 30(b)(6) witness in *Parish*, Dr. Hart was the Chief Medical Officer at the Cook County Jail. Plaintiff's Exhibit 13, Dr. Richardson Dep. 36:10-12.) (filed under seal)

18. Dr. Hart was asked at the Rule 30(b)(6) deposition in *Parish* to explain the reason for the mandatory tapering policy. (Plaintiffs' Exhibit 35, Hart Dep. 10:9-18.) Hart answered as follows:

Dr. Hart: Well, the -- our goal is not to run a methadone maintenance program. Our goal is to alleviate the symptoms of withdrawal from methadone. The exception, as I said, being pregnant women.

Q: Now, do you know why it is that your goal is not to run a methadone maintenance program?

Dr. Hart: Our positive goal is to alleviate the symptoms of methadone withdrawal.

Q: But my question is do you know why your goal is not to run a methadone maintenance program?

Dr. Hart: That's not part of our mission.

Q: And when you say "our mission," who is the "our?"

Dr. Hart: Cermak Health Services of Cook County.

Dr. Hart: [O]ur goal is not to run a methadone maintenance program, (*Id.*, Hart Dep. 10:5-11:6.)

19. The plaintiff class in *Parish* challenged, *inter alia*, the Jail's methadone program. *Parish v. Sheriff of Cook County.*, No. 07 C 4369, 2019 WL 2297464, at *4 (N.D. Ill. May 30, 2019).

20. The record in *Parish* also included expert reports from three of plaintiff's experts explaining flaws in the Jail's methadone policies:

21. Dr. Steven Whitman, a biostatistician, concluded that most inmates who go on a methadone tapering program are released prior to being tapered appropriately. (Plaintiffs' Exhibit 36.)

22. Dr. Lambert King, a physician with experience managing, monitoring, and reforming health systems in correctional settings, described the mandatory tapering policy as causing "gratuitous physical pain and psychological discomfort" and concluded that the policy is "an arbitrary and capricious practice whereby proper dosages of a legitimately prescribed medication needed to treat severe drug addiction are withheld, thereby placing patients at high risk for subsequent death or disability associated with drug overdoses and life-threatening infections, including HIV infection." (Plaintiffs' Exhibit 37, Dr. King Report at 6.)

23. Dr. Pablo Stewart, also a physician with experience managing, monitoring, and reforming health systems in correctional settings, stated as follows:

Methadone tapering can cause severe withdrawal discomfort. There is no justification to require a person to undergo opiate withdrawal syndrome when he (or she) has been receiving lawfully prescribed methadone. Methadone is a medically accepted treatment for opiate abuse/dependence and should not be arbitrarily withdrawn, as required by the Jail's automatic tapering policy.

(Plaintiffs' Exhibit 38, Dr. Stewart Report at 30.)

24. Plaintiffs Keith Rogers, James Hill, and Wanda Hollins are each individuals who were detained in the Cook County Department of Corrections (CCDOC) between September 2013 and February 2014, and each was lawfully taking methadone to treat Opioid Use Disorder (OUD) when admitted to the Jail, as explained below.

25. Plaintiff Keith Rogers was enrolled in a methadone program when he entered the Cook County Jail on January 20, 2014 (Plaintiffs' Exhibit 1, Jail Intake Records) to serve a 90-day sentence (Plaintiffs' Exhibit 18, Rogers Dep. 50:19-20), for driving on a suspended license (Plaintiffs' Exhibit 24, Circuit Court Docket Entries.)

26. The Jail verified Rogers' participation in a methadone program on January 21, 2014, when a physician at the Jail ordered that Rogers receive "methadone 200mg then taper per protocol." (Plaintiffs' Exhibit 2, Rogers Dosing History.) Rogers began to receive methadone on January 26, 2014 with his dosage reduced (or "tapered") by 7 mg per day. (Plaintiffs' Exhibit 3, Dosing History.) Thus, Rogers received his regular dosage of 200

mg on January 26, 193 mg on January 27, 186 mg on January 28, and so on until he left the Jail on February 16, 2014, when his dosage had been tapered to 53 mg. (*Id.*)

27. Rogers experienced withdrawal symptoms (nausea, diarrhea, aching pain) before he received his first doses of methadone. (Plaintiffs' Exhibit 18, Rogers Dep. 41:8-15.) The diarrhea would last “[p]retty much all day.” (*Id.*, Rogers Dep. 42:19.) The symptoms subsided when he began to receive methadone (*Id.*, Rogers Dep. 36:21-37:2), but returned shortly after the tapering began. (*Id.*, Rogers Dep. 37:2-3.)

28. Rogers filed a grievance on February 14, 2014, stating: “at times pain gets quite severe. I break into sweats and get nausea. Sometimes resulting in vomiting or dry heaves.” (Plaintiffs' Exhibit 27, Rogers Grievance.)

29. Rogers re-enrolled in his methadone program when he left the Jail and returned to his previous dose of 200 mg. (Rogers Dep. 39:22-14-40:9, Plaintiffs' Exhibit 4 at 39-40.)

30. Plaintiff James Hill was enrolled in a methadone program when he entered the Cook County Jail on December 23, 2013. (Plaintiffs' Exhibit 4.) Hill entered as a pre-trial detainee following his arrest for misdemeanor theft. (Plaintiffs' Exhibit 25, Circuit Court Docket Entries.)

31. The Jail verified Hill's participation in a methadone program, and on December 25, 2013 a physician at the Jail ordered that Hill receive "methadone 80mg today then taper per Cermak protocol. Decrease by 4 mg daily until finished." (Plaintiffs' Exhibit 5.)

32. Hill received his regular dosage of 80 mg on December 25, 2013, 76 mg on December 26, 72 mg on December 27, and so on until he left the Jail on December 31, 2014, when his dosage had been tapered to 56 mg. (Plaintiffs' Exhibit 6.)

33. Hill experienced withdrawal symptoms during the tapering: he had trouble sleeping, felt nauseous, was throwing up, and experienced running diarrhea. (Plaintiffs' Exhibit 20, Hill Dep. 27:23-28:3, Exhibit 9 at 15-16.)

34. Hill pleaded guilty and received a sentence of time considered served on December 21, 2013. (Plaintiffs' Exhibit 25, Circuit Court Docket Entries.)

35. Hill re-enrolled in his methadone program when he left the Jail. (Hill Dep. 35:11-14, Plaintiffs' Exhibit 9 at 23.)

36. Plaintiff Wanda Hollins was enrolled in a methadone program when she entered the Cook County Jail on September 12, 2013. (Plaintiffs' Exhibit 7, Methadone referral form.)

37. Hollins entered as a pre-trial detainee following her arrest for misdemeanor domestic battery. (Plaintiffs' Exhibit 31, Circuit Court Docket Entries.)

38. The Jail verified Hollins' participation in a methadone program on September 21, 2013, when a physician at the Jail ordered that Hollins receive "methadone 85 mg po on 9/21/13 taper by 3 mg/day until finished." (Plaintiffs' Exhibit 8.)

39. Hollins received her regular dosage of 85 mg on September 21, 2013, 82 mg on September 22, 79 mg on September 23, and so on until she left the Jail on October 5, 2013, when her dosage had been tapered to 46 mg. (Plaintiffs' Exhibit 9.)

40. Hollins experienced withdrawal symptoms while being tapered: she felt cold, experienced body aches and stomach cramps. (Hollins Dep. 59:19-20, Plaintiffs' Exhibit 19.) Hollins also experienced nausea. (Hollins Dep. 60:7-8, Plaintiffs' Exhibit 19.)

41. Hollins re-enrolled in her methadone program when she left the Jail and returned to her previous daily dose of 85 mg. (Hollins Dep. 63:20-64:4, Plaintiffs' Exhibit 19.)

42. Data produced in this case show 1,847 admissions to the Jail's methadone program between December 13, 2013, and July 1, 2017.

(Plaintiffs' Exhibit 26, Admissions to Methadone Program December 13, 2013 to July 1, 2017.)

43. The data show that the dosage of methadone was not tapered in 50 of these admissions, presumably for pregnant persons. (Plaintiffs' Exhibit 28, Admissions to Methadone Program December 13, 2013 to July 1, 2017 Not Tapered.)

44. A linear taper at a constant reducing dosage was applied in 1,619 of the remaining 1,797 admissions. (Plaintiffs' Exhibit 29, Persons Tapered at Constant Rate.)

45. The data also show 99 admissions of persons to serve misdemeanor sentences, all for less than one year; 66 served less than 30 days in the Jail. (Plaintiffs' Exhibit 30, Misdemeanant Admissions in Methadone Program.)

46. The Sheriff's records also show that of the 759 persons who left the Jail within 21 days after admission, 174 were released on bond, 324 were released because charges were dropped, and 21 were transferred to the Illinois Department of Corrections. (Plaintiffs' Exhibit 40, Persons Released from the Jail in Less than 21 Days.)

47. Dr. Stamatia Richardson is the Medical Director of the Opioid Treatment Program. (Plaintiffs' Exhibit 13, Dr. Richardson Dep. 7:2-7.) (filed under seal)

48. Dr. Richardson stated that the current methodology for determining whether a person being admitted to the jail while in a methadone program should be tapered or continued at maintenance dosage turns on "an educated guess as to whether the patient is going to be there for 60 days or less." (Plaintiff's Exhibit 13, Dr. Richardson Dep. 44:2-9.)

49. Dr. Richardson also stated that under the current methodology, a person like plaintiff Rogers, who entered the Jail to serve a 60 days sentence for a misdemeanor, would not be tapered. (Plaintiff's Exhibit 13, Dr. Richardson Dep. 86:10-14.)

50. The Sheriff of Cook County has refused to share with Dr. Richardson information about how long persons are expected to spend at the Jail. (Plaintiffs' Exhibit 13, Dr. Richardson Dep. 86:20-87:24.)

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