

Memorandum

To: Corrections Professionals

From: The Coalition for Truth in Correctional Health Care

**Reginald A. Wilkinson; President, Association of State Correctional Administrators
Ned Loughren; Executive Director, Council of Juvenile Correctional Administrators
Thomas N. Faust; Executive Director, National Sheriffs' Association
Stephen J. Ingle; Executive Director, American Jails Association
Arthur Leonardo; Executive Director, North American Association of Wardens and Superintendents
Robert Jones, MD; President, American Correctional Health Services Association
Charles J. Kehoe; President, American Correctional Association**

Subject: Building a Coalition for Truth in Correctional Health Care

Date: March 10, 2003

Background Information:

On January 27, 2003, the National Commission on Correctional Health Care (NCCHC) held a press conference in San Antonio, Texas, to highlight the findings and recommendations of a report entitled "The Health Status of Soon-to-be-Released Offenders." The report, which the NCCHC funded with a line-item appropriation from Congress through the National Institute of Justice, was originally released in August 2002.

To draw attention to the report, a group of largely Washington, D.C. and New York based organizations dedicated to "prison reform" prepared a statement calling for a Congressional investigation into the "dismal" state of correctional health care. The statement was released in conjunction with and distributed at the NCCHC press event mentioned above.

These events, along with efforts by the parties involved, generated media coverage, which is enclosed. The press release from the January 27 NCCHC event and the coalition statement are also enclosed.

January 28, 2003

Infections in Newly Released Inmates are Rising Concern

By FOX BUTTERFIELD

MOUNT PLEASANT, Mich., Jan. 27 — Marva Johnson was thrilled when her longtime boyfriend, Randy Vallad, was paroled from prison in 1999.

They went back to living together, and once when he had a bad cut on his head, she took care of him. She was splattered with his blood, but the couple did not think anything of it at the time.

It was not until Mr. Vallad was sent back to prison in 2001 for a parole violation that he was accidentally shown his Michigan Department of Corrections medical records. They reported that Mr. Vallad had tested positive for hepatitis C, a blood-borne virus that can cause potentially fatal liver disease, when he was first admitted to prison years before.

"They knew and didn't tell him," Ms. Johnson, 33, said today in this small

city in central Michigan. "As a result, they also let him infect me." For the past 11 months she has been taking a powerful, enervating course of drugs for hepatitis C.

Such cases are becoming increasingly common across the nation, as jails and prisons have become giant incubators for some of the worst infectious diseases.

According to a study released today at a conference sponsored by the federal Centers for Disease Control and Prevention, at least 1.3 million inmates released from jail or prison in 1996 were infected with hepatitis C. That was 29 percent of the 4.5 million cases nationwide.

Similarly, newly released inmates accounted for 35 percent of the 34,000 Americans with tuberculosis in 1996, the study found. And newly released

inmates accounted for 13 to 17 percent of Americans infected with H.I.V. or AIDS, the study estimated.

The problem has become so acute that health care officials and prisoner rights groups are calling for widespread testing of prison populations for hepatitis C and faster treatment of prisoners.

"This is a public health problem that has been growing and growing, but we are reluctant to do anything about it because these are bad guys," said Dr. Robert Greifinger, a former chief medical officer for the New York State Department of Correctional Services and the author of the study, which was commissioned by Congress and prepared for the Justice Department.

The Centers for Disease Control held a conference of prison medical officers in San Antonio devoted to the issue last

weekend. During the conference, the centers said that public vaccination efforts to prevent hepatitis outbreaks should be extended to prisons.

The centers also issued new guidelines urging states to test all prisoners with a history of intravenous drug use and other risky behavior for hepatitis C. Sharing needles and unprotected sex are common ways the virus is spread.

The problem is not that large numbers of prisoners are contracting hepatitis C while incarcerated, experts say. Most were infected years before. The experts say the high rate of communicable diseases among inmates is a critical issue for two reasons: the danger inmates pose of infecting others when they are released, and the opportunity to treat them that is largely being wasted.

Dr. Greifinger said that Americans tended to forget that most inmates eventually return home. In 2000, about nine million people were released from jail and prison, according to Allen J. Beck, of the Bureau of Justice Statistics,

the statistical arm of the Justice Department.

In a sign that the problem is getting more attention, the C.D.C. made public Dr. Greifinger's report today. It had been given to the Justice Department in March 2001, Dr. Greifinger said, but never before released to the public.

In a separate action, the American Civil Liberties Union and two dozen other organizations interested in prison conditions issued a call today for a Congressional investigation into the state of medical care in jails and prisons.

"Correctional systems have buried their heads in the sand because they don't want to know how many prisoners have hepatitis C," said Eric Balaban, a staff lawyer with the National Prison Project of the A.C.L.U.

Russ Marlin, a spokesman for the Michigan Department of Corrections, said, "We are treating hepatitis C in accordance with federal guidelines."

He said that Michigan did not do blood tests of all incoming inmates or all those who engage in risky behavior. "Our position is that indiscriminate testing is not useful," he said. In addition, it would cost \$200 million to test and treat all suspected cases of hepatitis C among Michigan inmates, he said. Even more important, he said, is that the drug treatment — a combination of interferon and ribarvin given over a 6 to 12 month period — is very toxic.

Mr. Marlin said he had no information on why Mr. Vallad was not told he had tested positive for hepatitis C and could not release it even if he did because of the confidentiality of prisoners' medical records.

Mr. Vallad, was originally convicted for fleeing the police when he was stopped for driving with a suspended license. It was not the last of his problems. Today, the police raided the trailer where he lives with his sister and brother, looking for drugs.

It was a bad tip from an informant, the police later said, and they found no drugs. But they detained Mr. Vallad anyway.

Steven Croley, a lawyer for Mr. Vallad and Ms. Johnson, said Mr. Vallad had stumbled on the information that he had tested positive for hepatitis C when he asked to see some of his private medical records compiled by doctors while he was out of prison.

At the time, in 2001, Mr. Vallad had just been sent back to prison because of

a urine test that showed evidence of drug use, a violation of his parole.

But the records he received accidentally included pages of his prison medical file reporting on a blood test he had been given during his first admission in 1998.

At the bottom of one page was the notation "Hepatitis C – Positive."

"I said, wait a minute, what's this?" Mr. Vallad recalled. He called Ms. Johnson,

who went for a test and discovered she was also infected.

Mr. Vallad, now 42, was never offered any treatment inside prison for hepatitis C. His level of infection has steadily gone up and his health has deteriorated, Mr. Croley said.

Mr. Croley said he will soon bring suits against the Michigan Department of Corrections on behalf of Mr. Vallad and Ms. Johnson.

UNITED PRESS INTERNATIONAL

Released prisoners major health hazard

Chief White House Correspondent
From the Washington Politics & Policy Desk
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WASHINGTON, Jan. 27 (UPI) -- The 11 million jail and prison inmates released each year bring AIDS, tuberculosis, hepatitis and mental disorders back into their communities, according to a report released Monday by a national healthcare coalition.

In its 121-page report, the National Commission on Correctional Health Care said hundreds of thousands of inmates from jails and prison re-enter society each year with dangerous communicable diseases that were either acquired behind bars or untreated while the inmate was incarcerated. Prisons also send thousands of inmates back into society with untreated mental disorders who are a danger to themselves and others, the report said.

"Growing numbers of incarcerated individuals suffer disproportionately from tuberculosis, HIV/AIDS, hepatitis, mental illness, substance addiction and many chronic diseases," NCCHC said in a statement. "Corrections

departments are overwhelmed by the high cost of providing medical care and face serious challenges to providing treatment to patients.

"Untreated patients jeopardize the health and safety of prison and jail staff, institution visitors, prisoners and the communities to which they return."

The report called for a congressional investigation of the conditions it found and set out recommendations for action, ranging from setting national requirements for prison healthcare to funding a national vaccine program to protect prisoners against communicable diseases. NCCHC scheduled a news conference in San Antonio, Texas, for Monday to discuss its findings.

The Justice Department funded the project, which used statistics on prevailing health conditions in the national prison inmate population on June 30, 1997, the most recent year available.

"The approximate number of releases with these conditions was obtained by applying the same prevalence percentages to the total unduplicated number of persons released from prisons and jails during 1996," the report said.

Although it used 1996 and 1997 figures, the report said that as of the most recent count in 1999, an estimated 2 million people were incarcerated in American jails and prisons and some 11.5 million prisoners are released from these institutions each year.

It found startling trends:

An estimated 34,800 to 46,000 inmates in 1997 were infected with HIV. An estimated 98,500 to 145,500 HIV-positive inmates were released in 1996.

Included among these persons in 1997 were an estimated 8,900 inmates with AIDS. An estimated 38,500 inmates were released in 1996, using these figures.

The report said there were an estimated 107,000 to 137,000 inmates with sexually transmitted diseases in 1997 and "at least 465,000" among the released prisoners. Vast numbers of prisoners were released with different forms of hepatitis, the report said.

The report said there were about 12,000 persons with active TB who served time in a correctional facility during 1996 and 130,000 inmates tested positive for latent TB in 1997. This extrapolated to 566,000 inmates with latent TB coming back into the community in 1996.

The report said that many jails and prisons fail to conform to accepted guidelines for clinical care of inmates and this makes the institutions breeding grounds for more disease. Half the nation's jails, for instance, had no screening procedure for TB and many institutions had no room for proper separation of ill prisoners or the money to meet the high cost of proper care and medication.

The report said that vast savings could be realized by correcting prison health conditions because it would cut the enormous medical costs these prisoners engender when they are freed.

"Because they have a large and concentrated population of individuals at high risk for disease, prisons and jails offer a unique opportunity for improving disease control in the community by providing comprehensive health and disease prevention programs to inmates," the report said.

In addition to medication and clinical care, it recommended offering instruction in safe sex, how to overcome drug dependency and hygiene methods as well as programs that would help the inmates deal with health and mental problems when they are released.